

CITY OF BALTIMORE

---

ONE HUNDRED AND THIRTY-THIRD  
ANNUAL REPORT

OF THE  
DEPARTMENT OF HEALTH

1947



*To the Mayor and City Council of Baltimore for the  
Year Ended December 31, 1947*

*There can be no real and lasting success of efforts to promote the health of the people and to prevent disease without the active sympathy, support, and participation of the medical profession. How this is to be more largely secured merits the most serious consideration.*

From  
WILLIAM H. WELCH  
*Sedgwick Memorial Lecture, 1924*

## DEPARTMENT OF HEALTH

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Commissioner, HUNTINGTON WILLIAMS, M.D., DR. P.H.  
Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.  
Secretary, REED GAITHER

---

### ADMINISTRATIVE SECTION

Administration.....HUNTINGTON WILLIAMS, M.D., DR. P.H.  
Health Information.....ESTHER S. HORINE  
Laboratories.....C. LEROY EWING  
Eastern Health District.....HARRY L. CHANT, M.D., M.P.H.  
Western Health District.....ALFRED C. MOORE, M.D.  
Druid Health Center.....H. MACEO WILLIAMS, M.D., M.P.H.  
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.  
Sydenham Hospital.....HORACE L. HODES, M.D.

### MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....J. WILFRID DAVIS, M.D., M.P.H.  
Tuberculosis.....MIRIAM E. BRAILEY, M.D., DR. P.H.  
Venereal Diseases.....NELS A. NELSON, M.D., M.P.H.  
Occupational Diseases.....  
Child Hygiene.....M. ALEXANDER NOVEY, M.D.  
School Hygiene.....HENRY F. BUETTNER, M.D.  
Public Health Nursing.....JANE B. LAIB, R.N.

### MEDICAL CARE SECTION

WENDELL R. AMES, M.D., M.P.H., Director

### SANITARY SECTION

WILMER H. SCHULZE, Phar. D., Director

Milk Control.....IVAN M. MARTY  
Food Control.....FERDINAND A. KORFF  
Meat Inspection.....WILLIAM BRENNER, D.V.S.  
Environmental Hygiene.....GEORGE W. SCHUCKER

### STATISTICAL SECTION

W. THURBER FALES, Sc.D., Director

Vital Records.....ISADORE SEEMAN, M.P.H.  
Biostatistics.....

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*Learn to Do Your Part in the Prevention of Disease*





# BALTIMORE HEALTH NEWS



*Published Monthly by the*

**BALTIMORE CITY HEALTH DEPARTMENT**

*Learn to do Your Part in the Prevention of Disease*

VOL. XXIV

November, 1947

No. 11

## *Medical Society Requests That Program Go Forward For Medical Care*

**A**T a meeting of the Baltimore City Medical Society held on October 3, Dr. C. Reid Edwards, presiding, the following resolution on medical care was presented by Dr. Frank J. Geraghty and was thereupon adopted by unanimous vote:

WHEREAS, The Medical and Chirurgical Faculty of Maryland in 1939 requested the State Planning Commission to establish a standing committee to keep under constant survey the medical care problems of the citizens of Maryland, and

WHEREAS, The State Medical Care Committee in 1944 issued a report that resulted in a new medical care program being established in the 23 counties of Maryland, and early in 1947 issued a companion report for the City of Baltimore recommending that responsibility for medical care be placed with the Baltimore City Health Department, therefore be it

RESOLVED, That the Baltimore City Medical Society is in favor of this new work being undertaken in Baltimore in a comprehensive manner and in accordance with the original appeal of the Medical and Chirurgical Faculty, and requests the City Health Department to organize and proceed with the medical care program as provided, and urges the physicians of Baltimore to cooperate with the Commissioner of Health in making the new work successful in the best interests of the people of the City.

In transmitting the text of the resolution to the Commissioner of Health Dr. Lewis P. Gundry, Secretary of the Society wrote: "The Baltimore City Medical Society and its officers will be glad to cooperate with you in every way possible in carrying out this important program."

**"IN THE BEST INTERESTS OF THE PEOPLE"**

## CONSULTANTS

DR. THOMAS S. CULLEN,  
*Member, Maryland State Board of Health.*

DR. ALLEN W. FREEMAN,  
*Professor Emeritus of Public Health Administration,  
Johns Hopkins School of Hygiene and Public Health.*

DR. ANDREW C. GILLIS,  
*Professor of Neurology, School of Medicine, University of Maryland.*

DR. LOUIS P. HAMBURGER,  
*Assistant Professor of Medicine, Johns Hopkins School of Medicine.*

DR. ROBERT U. PATTERSON,  
*Dean Emeritus, School of Medicine, University of Maryland.*

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*Professor of Medicine, School of Medicine, University of Maryland.*

DR. ROBERT H. RILEY,  
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DR. JAMES M. H. ROWLAND,  
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DR. ARTHUR M. SHIPLEY,  
*Professor of Surgery, School of Medicine, University of Maryland.*

DR. THOMAS B. TURNER,  
*Professor of Bacteriology, Johns Hopkins School of Hygiene and Public Health.*

DR. ALLEN F. VOSHELL,  
*Professor of Orthopedic Surgery, School of Medicine, University of Maryland.*

DR. SAMUEL WOLMAN,  
*Assistant Professor of Medicine, Johns Hopkins School of Medicine.*

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*Vice-President, Goucher College.*

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*Assistant Professor of Physiology,  
Johns Hopkins School of Hygiene and Public Health.*

DR. FRANK S. FELLOWS,  
*Medical Director, United States Public Health Service  
in charge of the Baltimore Quarantine Station.*

MR. NATHAN L. SMITH,  
*Director of Public Works of Baltimore.*

DR. ABEL WOLMAN,  
*Professor of Sanitary Engineering,  
Johns Hopkins School of Hygiene and Public Health.*

## MEDICAL STAFF

<p>           GEORGE G. ADAMS, M.D. t            MAURICE L. ADAMS, M.D. v            TOWNSEND W. ANDERSON, M.D. v            McDONALD BANDO, M.D. c            M. L. BARKSDALE, M.D. v            WALTER P. BLOCK, M.D. v            HARRY E. BLOOM, M.D. h o            LOUIS V. BLUM, M.D. t            HELEN BOWIE, M.D. c            M. L. BREITSTEIN, M.D. ea            ROSS C. BROOKS, M.D. m i            G. RAYNOR BROWNE, M.D. v            WILLIAM BERKLEY BUTLER, M.D. v            CHARLES R. CAMPBELL, M.D. v            JAMES D. CARR, M.D. v            HERBERT G. CHISSELL, Jr., M.D. v            J. W. V. CLIFT, M.D. c            JOHN COLLINSON, M.D. v            DONALD DWIGHT COOPER, M.D. s            THEODORE COOPER, M.D. t            ROSCOE Z. G. CROSS, M.D. h o            W. ALLEN DECKERT, M.D. m            ALFRED B. DIXON, M.D. c            SOLON A. DODDS, M.D. c            HANIA WISLICKA EHLERS, M.D. c            HARRIS GOLDMAN, M.D. v            JAMES PRESTON GRANT, M.D. v            WALTER E. GREMPLER, M.D. c            RICHARD DAVID HAHN, M.D. v            LOUIS E. HARMON, M.D. v            THOMAS W. HARRIS, Jr., M.D. v            JAMES B. HAWKINS, M.D. h o            MARY L. HAYLECK, M.D. c            CLEWELL HOWELL, M.D. c            HUGH P. HUGHES, M.D. h o            RICHARD HENRY HUNT, M.D. v            MEYER W. JACOBSON, M.D. t            R. DONALD JANDORF, M.D. v            FRANCIS J. JANUSZESKI, M.D., m i            WILLIAM ATWELL JONES, M.D. v         </p>	<p>           ALBERT L. LAFOREST, M.D. v            CHARLES D. LEE, M.D. t            LUCILLE LIBERLES, M.D. h o            R. B. LIGHSTON, M.D. c            JERRY C. LUCK, M.D. c            WILLIAM R. LUMPKIN, M.D. m i            CHARLES F. MALONEY, M.D. m i            FRANK GOODNOW MACMURRAY, M.D. v            ROBERT MCDANIEL, M.D. v            ISRAEL P. MERANSKI, M.D. v            JOHN HUFF MORRISON, M.D. c            SIGMUND R. NOWAK, M.D. m i            GEORGE C. PAGE, M.D. v            GEORGE H. PENDLETON, M.D. v            GEORGE F. PHILLIPS, M.D. m i            WILLIAM G. POLK, M.D. c            J. EMMETT QUEEN, M.D. m i            FRANCIS E. M. READ, M.D. c            A. L. RETTALIATA, M.D. m i            ALMA S. ROTHOLZ, M.D. c            GILBERT E. RUDMAN, M.D. m i            CECIL RUDNER, M.D. t            J. DOUGLASS SHEPPERD, M.D. v            ERNEST W. SHERVINGTON, M.D. v            M. S. SHILING, M.D. t            ISADORE A. SIEGEL, M.D. m            JOHN MORRIS SIEGEL, M.D. v            Charlotte Silverman, M.D. t            WILLIAM A. SINTON, M.D. h o            Harry B. Smith, M.D. v            JOHN P. SMITH, M.D. m i            WILLIAM C. STIFLER, M.D. c            FRANCIS W. TRAYNOR, M.D. m i            HOWARD H. WARNER, M.D. h o            WILLIAM E. WEEKS, M.D. c            SAMUEL WEINBERG, M.D. h o            H. L. WHITTLE, M.D. c            GUSTAV H. WOLTERECK, M.D. c            CHARLES T. WOODLAND, M.D. v            Elizabeth Woodward, M.D. c            RALPH J. YOUNG, M.D. v         </p>
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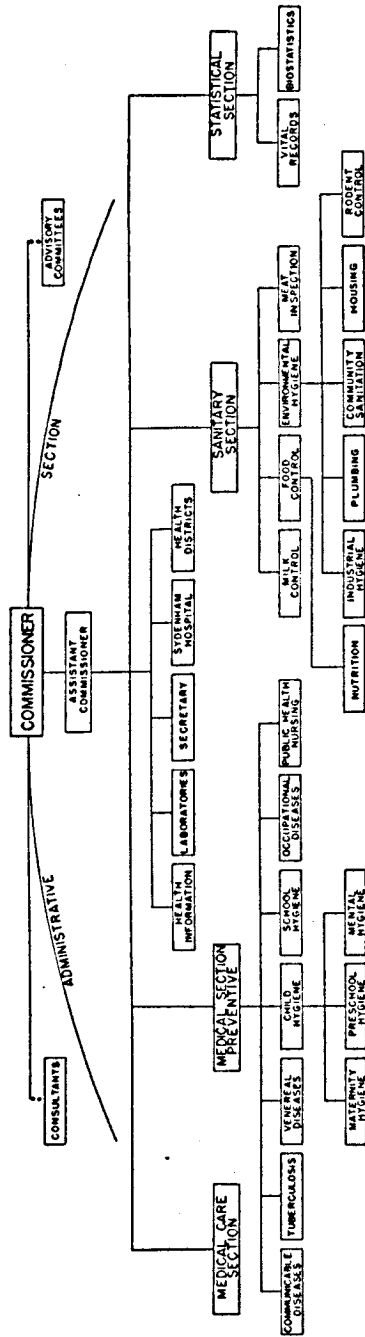
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c = child hygiene, ea = ear clinic, h o = health officer for communicable disease control and school hygiene, m = maternity hygiene, m i = medical investigator, s = Sydenham Hospital, t = tuberculosis clinic, v = venereal disease clinic, bold type = full time.

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# ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



# ONE HUNDRED AND THIRTY-THIRD ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1947

## REPORT OF THE COMMISSIONER OF HEALTH

*The Honorable,*

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 81 of the City Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you a summary of the one hundred and thirty-third in a series of consecutive annual reports of the work done by the Baltimore City Health Department, and by the several bureaus thereof, for the year ended December 31, 1947.

### Introduction

The year 1947 was one of unusual significance in the public health history of Baltimore because during its latter half the new Medical Care Section was established in the City Health Department. Its preparatory work was inaugurated for the administration of ambulatory medical care for the public assistance clients of the City Welfare Department. Reports for earlier years tell of the strong professional medical backing for this work and its origin with the Medical and Chirurgical Faculty of Maryland and the Medical Care Committee of the Maryland State Planning Commission.

It was Mayor Thomas D'Alesandro, Jr. who persuaded the new Board of Estimates in June to make available a salary adequate to attract a thoroughly qualified medical director for the new Medical Care Section. To this new position came Dr. Wendell R. Ames who for the prior six years had served as Commissioner of Health for Cattaraugus County, New York. The State Legislature enacted Chapter 714 of the Maryland Laws of 1947 so that state appropriations might be used for the medical care of needy persons in Baltimore under City Health Department administration. This law, approved by Governor William Preston Lane, Jr. on April 25, authorized the Commissioner of Health of Baltimore City to contract with

physicians, hospitals and other agencies for the medical, hospital or other related care of eligible persons. The appropriation for the new work in Baltimore City from state tax funds for the year ending June 30, 1948 was in the sum of \$376,750.00, and for the following year in the sum of \$418,500.00. These enactments enabled Baltimore City to be brought into the state-wide medical care program for Maryland.

On September 4 announcement was made of the appointment of the Baltimore City Advisory Committee on Medical Care, a group which consists of professional and civic leaders selected for the purpose of conferring on the new medical care plans for Baltimore. At the regular meeting of the Baltimore City Medical Society held on October 3 action was taken by the Society requesting that the City Health Department organize and proceed with the medical care program as developed by the special committee under the State Planning Commission, and urging "the physicians of Baltimore to cooperate with the Commissioner of Health in making the new work successful in the best interests of the people of the City."

An important advance was made on February 10 when Dr. Sibyl Mandell became the first chief of a newly established Division of Mental Hygiene in the Health Department Bureau of Child Hygiene. While there are many approaches to a program for mental hygiene, the City Health Department has made its start by incorporating the new activity into the work of the physicians and public health nurses attached to the well baby clinics in the city. Assistance in preparing for this new form of "anticipatory guidance" in parent-child relationships was given generously by Dr. George H. Preston, Maryland State Commissioner of Mental Hygiene, and Dr. Paul V. Lemkau of the Johns Hopkins School of Hygiene and Public Health.

The Bureau of Venereal Diseases was very fortunate in being provided by the city with a new and very adequate central clinic at 414 N. Calvert Street. This was dedicated on June 24 in the presence of Mayor D'Alesandro and three former Mayors of Baltimore, William F. Broening, Howard W. Jackson and Theodore R. McKeldin. With relation to the work of this important bureau it may be said that its director, Dr. Nels A. Nelson, assisted in the preparation of two important publications for the May issue of *Baltimore Health News* entitled "False Positive Syphilis Blood Tests Need Study" and "Why Is A Pre-Marital Blood Test Law Unsound Legislation?". March 1 saw the transfer from argyrol to penicillin for the treatment of sore eye cases in newborn infants that come under the supervision of the City Health Department.

Baltimore's vital statistics record for 1947 included new low achievements

in the infant mortality and in the maternal mortality rates for the city, and for the first year in the city's history the twelve-month period was passed with no resident death recorded as due to typhoid fever. After careful study by the U. S. Public Health Service of the possible relationship of ornithosis to wild pigeons in Baltimore, an article on this matter prepared by Dorland J. Davis and C. Leroy Ewing was published in the October 10 issue of *Public Health Reports* by the federal agency. While virus was found in fifteen of the one hundred pigeons captured in this city, the findings as summarized for the period of study in 1945 indicated that wild pigeons did not constitute a serious public health hazard to the population of Baltimore.

During the year the Maryland Rheumatic Fever Association was organized under the presidency of Dr. Francis F. Schwenker and a cerebral palsy project was authorized by the Board of Estimates as a joint undertaking of the City Departments of Health and Education with assistance from the U. S. Children's Bureau, to be conducted in special classes in the two public schools for handicapped children in the city. Chapter 583 of the State Laws of 1947 transferred control of the Maryland tuberculosis sanatoria from a special Commission established in 1907 to the State Board of Health as of June 1.

Advances in industrial hygiene were numerous during the year and included special reports on the discovery of lead poisoning in attendants at shooting galleries and on the identification and control of the city's first "grain itch" outbreak, in a local broom factory. Other outstanding events within the scope of the Sanitary Section included the transfer from the Department of Public Works of the Rodent Control Division under city auspices on May 1, and the establishment as a result of the City Health Department suggestions to the Housing Law Enforcement Committee of a special Housing Court in the Central Police Station in July.

Dr. W. Thurber Fales, Director of the Statistical Section, was chosen Vice-Chairman of the International Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death while he was at work as a member of this important World Health Organization committee at Ottawa early in the year. In October the Commissioner of Health was reelected to membership on the Governing Council of the American Public Health Association, and on December 8 as Vice-President of the Medical and Chirurgical Faculty of Maryland he addressed the Annual Convention of the State Congress of Parents and Teachers on the topic "The Physician Looks for Comprehensive Medical Service for the People."



### The Health of the City

The estimated population of the city on July 1, 1947 which has been used for calculating the rates in this report was 947,000; the white population was 753,000 and the nonwhite population was 194,000 or 20 per cent. The maternal death rate in 1947 set a new low record for Baltimore. There were 26 resident deaths of mothers from conditions associated with pregnancy and childbirth out of the total of 23,992 babies born. The maternal death rate was therefore 1.1 per 1,000 live births. A reduction in the city's infant death rate occurred in 1947 and established a new low record of 32.7 per 1,000 live births for this very delicate index of community health. There were 785 resident deaths of infants during 1947. The rate of 28.5 for white infants and 44.9 for colored infants also set new low records for these groups.

New high records were made in the number of resident births and in the city birth rate, with 23,992 births to Baltimore mothers or a rate of 25.3 per 1,000 population. This record exceeds the previous high observed in 1946 when 21,111 babies were born to Baltimore mothers, a rate of 22.7. Both the white birth rate of 23.6 and the colored birth rate of 31.9 set new high records for Baltimore residents. For the total population, the death rate was 11.6 per 1,000 population, the same as for 1946.

There was no resident death from typhoid fever in 1947, the first calendar year in the city's history with such a record. Eleven cases of this disease were reported. Fewer cases of diphtheria were reported than for any of the three previous years. In 1947 a total of 142 cases was recorded as compared with 424 cases in 1946. There were 5 resident deaths from diphtheria in 1947 as compared with 19 such deaths in 1946. Meningococcus meningitis cases declined for the fourth consecutive year, with 31 cases and 6 deaths recorded in 1947. Scarlet fever was less frequent than in any year since 1918 and for the nineteenth consecutive year no case of smallpox was reported in the city. Whooping cough and mumps showed increases over the prior year.

The number of reported cases of tuberculosis rose slightly from 1,524 in 1946 to 1,548 in 1947 but the number of deaths decreased from 747 in 1946 to 718 in 1947. The tuberculosis death rate in 1947 was 75.8 per 100,000 population; the white death rate was 41.2 and the colored rate was 210.3.

#### *Principal Causes of Death*

The death rates for the seven leading causes of death in 1947 and 1946 are shown in the accompanying table. Other vital statistics appear at the close of this report.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING  
CAUSES OF DEATH; TOTAL, WHITE AND COLORED POPULATION: BALTIMORE  
1946-1947

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1947	1946		1947	1946		1947	1946
Diseases of heart.....	395.3	382.8	Diseases of heart.....	412.1	395.6	Diseases of heart.....	330.4	330.2
Cancer, all forms.....	156.9	155.7	Cancer, all forms.....	164.3	162.0	Tuberculosis, all forms.....	210.3	218.7
Nephritis.....	86.5	91.3	Cerebral hemorrhage..	80.7	72.6	Nephritis.....	144.3	162.1
Cerebral hemorrhage.....	84.2	77.9	Nephritis.....	71.6	74.1	Cancer, all forms.....	128.3	129.7
Tuberculosis, all forms..	75.8	80.3	Accidental causes.....	54.6	54.8	Cerebral hemorrhage..	97.4	100.0
Accidental causes.....	56.6	57.6	Tuberculosis, all forms	41.2	46.7	Pneumonia, all forms.....	72.2	80.8
Pneumonia, all forms....	38.7	41.4	Diabetes.....	35.7	31.8	Accidental causes.....	64.4	69.2

### Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1947.

### FINANCIAL STATEMENT

As of December 31, 1947

Total City Appropriations.....	\$1,671,643.92
Total City Expenditures.....	1,581,342.69
Appropriations by Ordinance of Estimates, January 1, 1947.....	\$1,546,878.50
Appropriation for Transportation....	37,599.15
Supplementary Appropriations for Rodent Control, Building Maintenance and Special Projects.....	87,166.27
	<hr/>
	\$1,671,643.92

### Expenditures of the Baltimore City Health Department

#### ADMINISTRATIVE SECTION

Administration.....	\$36,131.83
Health Information.....	14,456.39
Laboratories.....	118,136.21
Eastern Health District.....	62,404.51
Western Health District.....	53,007.22
Druid Health Center.....	74,168.64
Southeastern Health District.....	52,975.04
	<hr/>
	\$411,279.84
Sydenham Hospital.....	\$353,209.40

## MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$25,089.58	
Tuberculosis.....	32,826.35	
Venereal Diseases.....	104,130.85	
Occupational Diseases.....	2,657.32	
Child Hygiene.....	65,593.03	
School Hygiene.....	11,970.63	
Public Health Nursing.....	180,238.91	
	<hr/>	\$422,506.67

## MEDICAL CARE SECTION

Administration.....	\$2,847.03	
	<hr/>	\$2,847.03

## SANITARY SECTION

Administration.....	\$13,006.63	
Milk Control.....	52,205.90	
Food Control.....	30,912.82	
Environmental Hygiene.....	151,298.04	
Meat Inspection.....	67,244.18	
	<hr/>	\$314,667.57

## STATISTICAL SECTION

Administration.....	\$17,609.07	
Vital Records.....	34,903.43	
Biostatistics.....	24,319.68	
	<hr/>	\$76,832.18

Total, Salaries and Expenses..... \$1,581,342.69

*Receipts*

Vital Records.....	\$19,635.30	
Child Hygiene Licenses.....	89.00	
Milk Permits.....	13,861.00	
Plumbing Permits.....	24,509.75	
Meat Permits.....	25,137.00	
Rooming House Permits.....	1,416.00	
Sydenham Hospital, County Patients..	28,666.59	
Miscellaneous Revenue.....	270.50	
	<hr/>	\$113,585.14
Total.....		\$113,585.14

*Additional Non-Health Department Expenditures*

There follow certain tabulations of expenditures for health work in Baltimore in 1947 which were closely related to the work of the City Health Department:

**I OFFICIAL EXPENDITURES**

City Department of Education—high school medical services.....	\$68,081.28
City Department of Welfare—tuberculosis hospital service.....	290,326.94
City Department of Welfare—venereal disease hospital service.....	12,208.82
State Tuberculosis Hospital Service—city cases.....	698,324.80
State Department of Health Funds	
City venereal disease control.....	4,575.00
Services for city crippled children.....	34,641.98
Medical care, drugs for city welfare clients.....	7,800.00
U. S. Public Health Service Funds	
General.....	23,943.16
The Johns Hopkins Hospital—venereal disease control.....	133,923.04
Rapid Treatment Center.....	72,217.82
Tuberculosis control.....	31,907.74
Industrial hygiene.....	411.12
U. S. Children's Bureau Funds	
Services for crippled children.....	21,384.37
Services for cerebral palsy project.....	10,024.14
Maternal and child health services.....	2,689.78
	<hr/>
	\$1,412,459.99

**II NONOFFICIAL EXPENDITURES**

Babies Milk Fund Association.....	\$17,972.93
Instructive Visiting Nurse Association.....	95,971.16
Food establishments—sanitary control.....	20,000.00†
Johns Hopkins University—Eastern Health District.....	27,322.50
Laboratory services—hospital or private.....	82,500.00†
Maryland Chapter—National Foundation for Infantile Paralysis.....	58,508.45
Maryland Society for the Prevention of Blindness.....	8,274.00
Maryland Tuberculosis Association.....	93,400.00
Mt. Pleasant Sanatorium—city cases.....	98,000.00
Pasteurization plants—farm and laboratory control.....	68,340.00
Venereal disease control—hospital dispensaries.....	100,000.00†
	<hr/>
	\$670,289.04

Total..... \$2,082,749.03

This \$2,082,749.03 added to the City Health Department expenditures of \$1,581,342.69 gives an estimated total of \$3,664,091.72 or \$3.87 per capita. This does not include large expenditures for water purification, sewerage, or medical care rendered by the City Welfare Department.

† Approximate figure.

*Personnel*

Dr. Arthur J. Lomas, Consultant to the City Health Department since the organization of this advisory group in 1932, died on May 17, 1947. Dr. Wendell R. Ames became the first Director of the new Medical Care Section on September 10 and Dr. W. Ross Cameron discontinued his *liaison* services as Deputy Commissioner of Health for Medical Care on March 14. On January 1 Dr. Harry L. Chant became Health Officer of

the Eastern Health District and Dr. Konstantin Sparkuhl was appointed as his assistant on October 10. The directorship of the Bureau of Occupational Diseases became vacant when Dr. John M. McDonald resigned on January 17 to join the staff of the Florida State Health Department.

With the transfer of the Division of Rodent Control from the Department of Public Works to the City Health Department on May 1 Mr. Charles M. Kenealy was made chief of the division. Miss Esther S. Horine resigned as Chief of the Division of Health Information on October 29 after more than ten years of service and Mr. Isadore Seeman, Director of the Bureau of Vital Records, then became acting chief of that division. Dr. Elizabeth Woodward was appointed Administrative Health Officer in the Bureau of Child Hygiene on May 19 to assist the bureau director in pediatric matters and Sibyl Mandell, Ph.D., clinical psychologist, was chosen on February 10 to serve as the first chief for the new Division of Mental Hygiene in the same bureau.

### Health Information

The Southern Medical Association met in Baltimore in November. A paper on a local outbreak of endemic typhus fever and an extensive exhibit of the work of the City Health Department were included in the program. Other health exhibits were also prepared for the Better Homes Exposition, the Baltimore Food Show and for the sesquicentennial celebration of the founding of the city held at the Fifth Regiment Armory in December.

Perhaps the most extensive single health information program of the Health Department year was the series of 42 illustrated talks on housing and slum control given to 3,434 persons in civic, educational, church and other groups that requested them, and the 32 tours of inspection conducted by the Chief of the Division of Housing for 491 persons.

Other health information activities of significance in 1947 included the following:

1. The *Baltimore Health News* was published each month and mailed to the physicians and teachers of the city and to a selected mailing list of other interested persons within the state and beyond its borders.
2. The 1946 ANNUAL REPORT of the Department was published and the summary, GUARDING THE HEALTH OF BALTIMORE, was distributed to the physicians of the city and to others desiring it.
3. News releases were prepared regularly and to meet special problems, including special articles on whooping cough, diphtheria, undulant fever and rabies. The "Saturday Letter to the Mayor" was sent to the newspapers each week and resulted in valuable health information publicity.

4. A dramatization presenting the preventive aspects of communicable disease control, sanitation and accident hazards was broadcast each week in the "Keeping Well" series sponsored jointly since 1932 by the Medical and Chirurgical Faculty of Maryland and the City Health Department. Spot announcements were made over all radio stations as need arose to carry particular messages promptly. Plans were initiated to begin a television series of health information programs also under joint sponsorship with the Medical and Chirurgical Faculty.
5. Members of the Department staff gave more than 1,200 addresses to nearly 270,000 persons. In addition, lectures and seminars for students of medicine and public health were conducted by staff members at the two medical schools in the city and at the Johns Hopkins School of Hygiene and Public Health.
6. Health Department leaflets and other informational materials were made available by distribution by the public health nurses and sanitarians, through the forty-nine racks maintained by the Department and on special request. An estimated total of 541,572 pieces of literature was distributed.
7. The film loan service was maintained with more than 100 showings.
8. The Health Department participated in the usual community observances during the year in cooperation with other official and with nonofficial agencies. These included: The March of Dimes campaign, Syphilis Control Day, Cancer Control Month, Negro Health Week, Public Health Nursing Week, Child Health Day and the Seal Sale of the Maryland Tuberculosis Association.
9. Editorial and library services were rendered to the Department staff and the multilith service was continued.

### Laboratories

During the year the Bureau of Laboratories made 230,650 examinations of 153,249 specimens and samples. Laboratory assistance was given in the investigation of the local outbreak of endemic typhus fever. Agglutination and complement fixation tests were made of specimens of blood from patients and contacts. In addition, complement fixation tests were done on specimens of blood from 101 rats trapped in the area of the outbreak and in various other sections of the city. Endemic typhus vaccine was obtained and distributed to private physicians and for the use of the Bureau of Communicable Diseases.

Diagnostic and other services involved the examination of 53 animals for rabies; 2,751 cultures for diphtheria; 7,529 specimens for tuberculosis;

110,770 specimens of blood and spinal fluid for syphilis; 8,346 smears and 5,230 cultures for gonococci; 14,605 samples of milk, food products and industrial or other materials; and also 558 agglutination tests for infectious mononucleosis and many other types of laboratory work.

In the Division of Chemistry, 27,615 examinations were made of 10,297 samples representing increases of 7.4 per cent in examinations and 11.2 per cent in samples. Over 5,000 samples of bottled milk were tested by the phosphatase test and only 3 positive samples were recorded. Analyses of 350 blood specimens and of 90 air samples were made in connection with investigations of possible exposure to lead poisoning. One hundred and four other samples of air, dusts, solvents or other materials were tested in departmental investigations of industrial hazards. These included studies of benzol, cyanide and chromic acid.

There were 27,356 packages of antitoxins, vaccines, sera and other biologicals dispensed to physicians and hospitals for use in the prevention or treatment of communicable diseases. Increases over 1946 occurred in the distribution of smallpox vaccine, combined diphtheria toxoid and pertussis vaccine, endemic typhus vaccine, botulinus antitoxin, tetanus toxoid, silver nitrate solution, Rocky Mountain spotted fever vaccine, antipertussis rabbit serum and typhoid vaccine. Marked decreases were experienced in the distribution of diphtheria antitoxin and immune serum globulin as compared with the prior year. A slight decrease was also recorded in the amount of Type B Hemophilus influenzae serum issued.

Special investigations conducted in the Divisions of Bacteriology and Chemistry during the year were related to: A survey of procedures used in testing spinal fluid, additional biochemic research studies of *Lactobacillus enzymothermophilus* isolated from raw milk, problems relating to gonococcus culture methods, the determination of paper fibers in trade waste discharges, the fluoride content of the public drinking water supply, the sensitivity of Robert's reagent used in the testing of urine for albumin, the determination of chlorinated hydrocarbons in air, detecting hydrogen peroxide in milk and the spectrophotometric identification of food dyes.

### Eastern Health District

Dr. Harry L. Chant was appointed Health Officer of the Eastern Health District on January 1 and Dr. Konstantin Sparkuhl was assigned to the district on October 10 to serve as assistant health officer.

A high incidence of whooping cough occurred during the year, with a total of 508 cases reported in the district. There was a continued decline in diphtheria with 20 cases reported in 1947 as compared with 74 cases in 1946.

The chest X-ray screening clinic took 5,383 films for the examination of apparently healthy persons during the year. Of these persons 26 were found to have previously undiscovered active pulmonary tuberculosis. The scope of this screening procedure was extended during the year to include a group of nursery school teachers and a group of prenatal clinic patients as well as contacts of tuberculosis cases residing in other districts of the city.

The Syphilis and Mental Hygiene Studies were continued during the year, and new investigations initiated under the joint sponsorship of the City Health Department and the Johns Hopkins School of Hygiene and Public Health included studies on the use of BCG vaccine for the control of tuberculosis, the prophylaxis of syphilis with penicillin and the relation of dietary habits to nutritional deficiency among school children. During the summer months the fifth census survey of the Eastern Health District population was completed. This was inaugurated in 1922 and repeated in 1933, 1936 and 1939. In this the public health nurses of the entire city participated actively in 1947. The Eastern Health District continued to be used by the City Health Department, the Johns Hopkins School of Hygiene and Public Health, the Johns Hopkins Medical School, the Johns Hopkins School of Nursing and the Sinai Hospital School of Nursing as a field training and demonstration area and for important research in many aspects of public health administration.

### Western Health District

The most serious communicable disease problem in the Western Health District during the year was diphtheria, with a total of 41 cases and 1 death reported for 1947 compared to 109 cases and 9 deaths in the preceding year. An intensive campaign was conducted to have every school child under twelve years of age who had had no diphtheria toxoid inoculation since infancy receive a booster dose of toxoid.

The district staff continued the program of tuberculosis patch testing begun in 1946 for entering pupils at School No. 34 at Washington Boulevard and Carey Street, with referral of positive reactors and their families to the municipal chest clinic. Tuberculosis testing was introduced for the first time in School No. 134, at Bush and Carroll Streets, on a similar basis.

The senior medical students from the University of Maryland visited the health district office in preparing their "Home Survey Reports" on selected patients treated in the University Hospital. Student nurses from the University, St. Joseph's and Franklin Square Hospitals carried on affiliate studies in public health in the district during the year. Other educational activities included talks to lay and medical groups on health topics, news



articles prepared for a neighborhood newspaper, the distribution of Health Department publications and conferences and talks for the nurses of the district.

### Druid Health Center

Two additional clinic sessions for the venereal diseases and for well babies were added at the Druid Health Center during the year, making a total of 26 clinics weekly, as follows: Adult venereal disease, 12; congenital syphilis, 3; prenatal, 4; chest, 5; and infant and preschool, 2. Ten additional well baby clinics were conducted at five other locations in the district. The Maryland State Board of Mental Hygiene continued to maintain a weekly clinic session in the building.

During the fall a concentrated effort was made to give booster doses of diphtheria toxoid to school children up to the age of twelve who had not received this added protection. Over 7,000 children benefited by this procedure.

Over 3,600 packages of biologicals and 19,000 diagnostic outfits were distributed to the physicians and hospitals in the district. The Monumental City Medical Society conducted monthly meetings in the assembly room at the Center, the Maryland Medical Association held its annual convention and the Maryland Dental Association met frequently at the Center. The Negro Health Week Committee utilized the building as its headquarters throughout the year. Many groups, such as student nurses, boy scouts, school children and civic organizations visited the Center to receive health instruction. The senior student nurses from Provident Hospital completed a course of two months as part of their affiliate instruction with the City Health Department.

### Southeastern Health District

A marked decrease in diphtheria occurred in 1947 with 31 cases and 1 death reported as compared with 71 cases and 2 deaths in 1946. Over 1,600 booster doses of toxoid were administered to the children of the district when a special program was conducted for those who had not had this additional protective inoculation.

All of the well baby clinics in the Southeastern Health District were operated by the City Health Department when the last of the Babies Milk Fund Association child conferences in the district was taken over on January 1. The Department well baby clinic at 401 N. Highland Avenue was moved to 268 S. Highland Avenue, the location of the former Babies Milk Fund Association clinic.

The DDT treatment of pediculosis capitis in school children and the use of penicillin for ophthalmia neonatorum by the staff nurses were begun in

the district during the year. A visual acuity testing program was conducted experimentally in Public Schools No. 47, 215 and 230. Student nurses from the Johns Hopkins Hospital and the Union Memorial Hospital Schools of Nursing received field training in these public schools and in the district well baby and prenatal clinics. Lectures on nutrition and venereal diseases and conferences on tuberculosis were continued throughout the year as part of the district nursing staff educational program. The district health officer became a member of the advisory board organized by the editorial staff of *The Guide*, a community newspaper, and participated in discussions of public health needs in southeast Baltimore which included plans for a new Southeastern Health District building. The East Baltimore Medical Society held regular monthly meetings in the district building for the sixth consecutive year.

### Sydenham Hospital

During 1947 the management of Sydenham Hospital continued to be difficult because of the great shortage of nursing personnel. In addition, rising costs of materials and supplies for the operation of the hospital brought about financial problems of great magnitude. These problems are common in the present-day management of all hospitals and it does not appear likely that any great improvement will be experienced in the near future, especially as about 75 per cent of the Sydenham patients are under fourteen years old, and many are seriously ill.

During 1947 a total of 72 patients with paralytic poliomyelitis was treated at the hospital. Of this number 46 were admitted from the counties of Maryland. During the year the treatment of poliomyelitis was not changed materially. The hospital staff has reached the definite conclusion that treatment of patients in the acute phase of poliomyelitis by hot packs and similar forms of physiotherapy does not appreciably alter the extent of the permanent paralysis. This type of treatment was used very much less frequently during 1947 than in the preceding three years, although it was always employed and was usually found helpful for patients who showed pain or tenderness.

There was a marked decrease in the number of patients with diphtheria treated in the hospital with 120 such patients admitted as compared with 372 in 1946. There were 4 deaths from diphtheria during the year representing a case fatality rate of 4 per cent, which does not differ materially from the rate recorded at Sydenham Hospital during the preceding ten years.

The total number of deaths from all diseases in 1947 was 36, and the death rate was 3.7 per cent. This compares with a mortality rate of 4.7 per cent in 1946 and 6.6 per cent in 1945. Of the 36 patients who died dur-

ing 1947 twelve died in less than twenty-four hours after admission to the hospital. A total of 27 autopsies was performed, representing 75 per cent of the total deaths.

### *Research*

Certain fundamental researches dealing with changes in the circulatory system in diphtheria were begun during the year. These included extensive electrocardiographic examinations, estimation of the plasma volume, cardiac output, oxygen saturation of the arterial blood and determination



SYDENHAM HOSPITAL

of the concentration of sodium, potassium and other electrolytes in the blood during the course of diphtheria. These studies have clarified our understanding of the physiological changes which accompany collapse of the cardiovascular mechanism which occurs in patients seriously ill with diphtheria.

During the last few months of 1947 there was prepared in the Sydenham Hospital laboratory a filtrate from *S. typhosa* which neutralizes herpes virus. This filtrate causes a definite reduction in the lethal effect of the virus when inoculated intracerebrally or intra-abdominally in mice. Attempts to isolate the active substance or substances involved in this neutralization are being continued.

*Communicable Disease Nursing Course*

In order to aid in preparing additional nursing personnel, a course in communicable disease nursing is offered at Sydenham Hospital. Graduate registered nurses enroll for a minimum of forty hours of organized instruction including lectures, clinics and conferences, and a certificate is granted to nurses completing the course. Twelve nurses received this training in 1947.

Instruction in communicable disease nursing is also provided to student nurses from schools of nursing in the city as affiliate training. About 120 students participated in this program which includes from one month to six weeks of clinical experience.

**Communicable Diseases**

A total of 21,761 cases of communicable diseases was reported during 1947, the smallest such number reported for any year since 1935. Although whooping cough showed an increase, a marked decrease was seen in diphtheria, meningococcus meningitis, measles and scarlet fever. As indicated, the year saw a new typhoid fever record in that there was no resident death from this disease, with eleven cases reported.

*Diphtheria and Meningococcus Meningitis*

The marked decline in diphtheria has been noted: 142 cases and 5 resident deaths in 1947 as contrasted with 424 cases and 19 such deaths in 1946. There were 40,379 toxoid inoculations given in 1947, the largest number on record for a single year. Of these inoculations 19,940 were booster doses.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION  
BALTIMORE, 1943-1947

AGENCY	1947	1946	1945	1944	1943
Physician's Practice.....	12,582	8,309	7,887	9,838	9,818
Preschool Clinics.....	12,859	12,747	9,951	11,854	8,963
School Clinics.....	14,938	7,340	7,784	13,764	3,070
Total.....	40,379	28,396	25,622	35,456	21,851

The fourth consecutive yearly decline in meningococcus meningitis has also been mentioned: 31 cases and 6 deaths in 1947 as compared with 46 cases and 11 deaths for the previous year.

*Other Communicable Diseases*

Six cases of endemic typhus were reported during the year. Four of the patients lived in a row of old houses on the east side of the 600 block N.

Calvert Street. A successful program to eliminate rats and rat fleas in the area was undertaken and thereafter no new cases were reported.

Six cases of undulant fever were recorded during the year, three in persons who worked in slaughtering plants. Four cases of tularemia were reported. All four cases gave a history of dressing wild rabbits shortly before their illness started.

Fewer cases of scarlet fever were reported than during any year since 1918. There were 446 cases recorded, none of them fatal. There were 274 cases of measles reported during the year as contrasted with 8,136 cases recorded in 1946. A total of 562 cases of ringworm of the scalp came to the attention of the Health Department in 1947 and were referred for treatment.

As mentioned, whooping cough showed a marked rise in 1947 over the unusually low year of 1946; during 1947 a total of 3,247 cases and 10 deaths of whooping cough were reported, as compared with 1,004 cases and 2 deaths in 1946; and for the nineteenth consecutive year no case of small-pox was reported in Baltimore.

Only two rabid dogs were discovered in the city during the year, one in January and one in February, both in the northwest section. After a ninety-day dog quarantine was established in that area, from March 4 to June 4, no more rabid dogs were found in Baltimore.

### Tuberculosis

During 1947 the total number of deaths from all forms of tuberculosis among residents of Baltimore was 718 of which 310 occurred among white persons and 408 among Negroes. Thus Negroes who constitute 20 per cent of the city's population contributed 57 per cent of all the deaths due to tuberculosis.

As shown in the earlier table for the leading causes of death the total tuberculosis death rate for Baltimore residents for 1947 was 75.8 per 100,000; for white residents the rate was 41.2 and for Negro residents, 210.3. Comparable figures for 1946 were 80.3 per 100,000 for the total tuberculosis death rate, 46.7 for the white race and 218.7 for Negroes. This is the third successive year that the tuberculosis death rate among Negro residents has fallen, but it is not valid to conclude that the rate can be expected to decline steadily. Wide fluctuations in the tuberculosis death rate for Negroes in this area have been the rule for years. Two highly unfavorable conditions, namely substandard and overcrowded housing and inadequate numbers of sanatorium beds for Negroes have not been modified or improved, but remain to block the path to progress in the public health control of tuberculosis for this race. For 1947, the tuberculosis

death rate among Negro residents of Baltimore was 5.1 times greater than among white residents.

During the year there were 1,548 new cases of tuberculosis reported to the Health Department of which 861 were among white persons and 687 among Negroes. Of the total number, 165 or 10.7 per cent were reported after death. Sixty-two of these late reports were for white persons and 103 for Negroes. In nearly all instances medical assistance had not been sought until a few days or hours before death intervened.

The City Health Department with the assistance of the Maryland Tuberculosis Association was responsible during the year for making 43,204 X-ray examinations of apparently healthy persons with a mobile 70 millimeter unit. From these examinations 632 persons referred for check-up had a full sized chest X-ray plate and 313 or 0.7 per cent of them were found to have definite or suspected tuberculosis. Active disease was present in 115 of these persons.

Added to the above, 5,383 like examinations were made of "well" individuals reporting for 4 x 5 inch films at the Eastern Health District screening clinic. Also 1,014 registrants of prenatal clinics were X-rayed on 4 x 5 inch films in the Druid chest clinic. This makes a total of 49,601 X-ray examinations of apparently healthy persons. Of these, 31,305 or 63 per cent were white and 18,296 or 37 per cent were Negroes.

The 70 millimeter X-ray units provided earlier by the City Health Department for three hospitals, Johns Hopkins Hospital, Baltimore City Hospitals and the University Hospital did varying amounts of work during the year. The two latter institutions had serious problems in lack of clerical assistance for several months in the year. Estimates for the number of individuals screened are 16,470 for Johns Hopkins Hospital, 3,788 for Baltimore City Hospitals, and 2,726 for the University of Maryland. Of the persons examined at the Johns Hopkins Hospital 62 per cent were white and 38 per cent were Negroes; 423 or 2.6 per cent were referred to the City Health Department as suspected tuberculosis.

The sanatorium treatment of patients of both races was not extended or improved during the year. Serious personnel shortages with the necessity for operating with less than full bed capacity affected every sanatorium in the state. The new tuberculosis sanatorium directorship under the State Department of Health remained vacant in spite of continued efforts to fill it on the part of the state authorities.

Thoracic surgery continued to be only remotely possible for many patients who needed it. Proposed state legislation providing for a new state sanatorium for Negroes died in committee. Some progress was made in publicity for the need of a new and enlarged tuberculosis hospital for Ne-

groes at the Baltimore City Hospitals, but the year closed with no authorization for construction.

Baltimore and the State of Maryland have had public records in tuberculosis and until the disease can be treated promptly in both races, and with modern surgical methods when indicated, our case-finding and administrative programs may best be considered as powerful public stimuli for achieving a really adequate control program.

### Venereal Diseases

During the year 5,394 cases of syphilis, 5,997 cases of gonorrhea and 188 cases of chancroid were reported. The considerable increase in reported cases of gonorrhea from 4,047 cases in 1946 is due almost entirely to increased attendance at clinics and has probably been the result of a combination of better clinic facilities, penicillin therapy and the probability that quick cure permits prompt reinfection. It may be reasonable to expect that, as a result of penicillin therapy, gonorrhea will soon have little serious pathologic significance. Since the incidence of this disease may be little influenced by this drug, the control program will consist largely in maintaining adequate and readily available treatment services.

Contact investigations continue to occupy a great deal of the time of the clinic personnel and, to an increasing degree, of the public health nurses. Approximately 44 per cent of the 5,349 contact investigations by the Health Department were completed with the examination of the contact or the identification of a previous record of infection. Of those examined, 55.3 per cent were found to have a venereal disease.

The Health Department clinics admitted 9,404 venereal disease patients during 1947 and they made 73,490 visits to the clinics, as compared with 119,664 visits of clinic patients in 1946. The decrease was due almost entirely to a modification of the follow-up of gonorrhea patients after treatment had been given.

Health Department clinics No. 1 and 3 were combined and relocated in June in excellent, modern quarters at 414 N. Calvert Street, and clinics No. 2, 5, 6 and 7 at the Druid Health Center were reorganized and combined to form a single clinic with great improvement in administration and service.

The Rapid Treatment Center staffed by the U. S. Public Health Service at Baltimore City Hospitals admitted 1,762 patients with venereal disease, of whom 1,592 were residents of Baltimore. Approximately 89 per cent of the admissions were for early syphilis and in 23 per cent pregnancy, complicated by syphilis, was a factor in the admission. Nearly 82 per cent of the patients were colored and approximately 59 per cent were females. The city venereal disease clinics referred 1,121 of these patients.

It was necessary to invoke the provisions of City Ordinance No. 217 in 42 instances during the year and to summons 15 of these recalcitrant patients to court. Twenty-eight of the 42 patients went to the Rapid Treatment Center as a result of action under this ordinance, 10 returned to the clinics for treatment and 4 could not be found.

The City Health Department and the Armed Services continued to collaborate in the investigation of contacts of infected military personnel and in the discouragement of the "facilitation" process, particularly through the monthly meetings of the Joint Army-Navy Disciplinary Control Board which were attended by the bureau director or his representative.



#### THE CALVERT STREET CLINIC IS DEDICATED

Left to right: Dr. Charles Reid Edwards, *President, Baltimore City Medical Society*; Mayor Howard W. Jackson, Mayor Thomas D'Alesandro, Jr., the Commissioner of Health, Mayor Theodore R. McKeldin, Mayor William F. Broening; Dr. Thomas S. Cullen, *Member, State Board of Health*; Dr. Maurice L. Adams, *President, Monumental City Medical Society*.

The Baltimore Venereal Disease Council continued to serve as an effective meeting ground for the representatives of those agencies which are concerned with the various phases of venereal disease control. The two major projects promoted by the Council, the Rapid Treatment Center and the Protective Service for girls and young women, both continue to serve the city with notable success.

It must be said again this year that there is still little or no evidence that penicillin therapy has accomplished much toward the control of gonorrhea and syphilis, remarkable though the cures with this drug may be. The advantage seems to lie chiefly in the rapidity of cure, with the lessened risk of dangerous complications, and the fact that most of the patients com-



plete treatment. A significant relapse rate and the ease and promptness with which reinfection takes place may, however, neutralize much of the advantage gained by the speedy control of the infectiousness of the initial disease. It is probable that, unless other effective methods of prevention are devised, a change in the promiscuous sexual behavior of man which is the ultimate cause of the spread of venereal disease will be necessary before there can be any substantial decrease in these diseases. It is to be hoped that, in the meantime, treatment and case-finding procedures may serve to minimize the great damage to the public health which might otherwise be done.

### Child Hygiene

As set forth earlier new all-time low figures for both the maternal and infant mortality rates were recorded for 1947. The infant death rate was 32.7 and the maternal death rate was 1.1 per 1,000 live births. A still further decrease in the number of children dying under one year of age may result from the newly improved facilities in the city for the care of premature infants, since about one-half the deaths during the first weeks of life and about one-third of all deaths during the first year of life occur among infants born prematurely.

The seventh annual transfer of clinics from the Babies Milk Fund Association to the Bureau of Child Hygiene took place on January 1 when two clinics for white children were taken over in the southern and southeastern sections of the city. During the year well baby clinics were operated at 40 locations with a total of 73 sessions each week at which 55,615 visits were made. Prenatal clinics were operated at 8 locations with 12 sessions each week at which 10,208 visits were made. At the prenatal clinics 1,484 new patients were registered in 1947. Of these, 325 were referred by midwives.

The Bureau of Public Health Nursing was assigned 23,846 records of infants for neonatal home visits and delivery of the *Notification of Birth Registration*. Six month greeting cards were mailed by the Commissioner of Health to 23,937 infants urging diphtheria toxoid inoculation. Preventive toxoid was given to 9,996 children in the City Health Department well baby clinics and to 819 children in the Babies Milk Fund Association clinics. In the Health Department clinics 8,600 children were vaccinated against smallpox and 827 such vaccinations were done in the Babies Milk Fund Association clinics. There were 265 cases of ophthalmia neonatorum assigned by the Bureau of Child Hygiene to the public health nurses, all of whom have been trained in the technique of treating such cases in the home with penicillin. This treatment service is rendered on a twenty-four hour basis including week ends and holidays to those parents who are

unable to afford the care of a private physician. Calls are routed through the City Hall telephone exchange and are considered by the City Health Department as "four-alarm fire" calls.

### *Child-Placing Institutions*

A new program was begun for the joint licensure of boarding homes for children by the City Health Department and the State Department of Public Welfare. Ninety-four such licenses were issued during 1947 for homes referred by 10 organizations approved by the State Department of Public Welfare as child-placing agencies. Fifty-three day nurseries and nursery schools were licensed during the year with a maximum capacity of 1,932 children. The appointment of Dr. Elizabeth Woodward as administrative health officer in the bureau is serving to develop and modernize the work done in relation to boarding homes and nursery schools.

### *Preventive Mental Hygiene*

A Division of Mental Hygiene was established in the bureau under Sibyl Mandell, Ph.D. The initial purpose of the division consists of the in-service training of clinic physicians and public health nurses in the principles and techniques of preventive mental hygiene. The Eastern Health District was selected as the first area to take part in this program which will gradually be expanded to cover the entire city.

### **School Hygiene**

During the year 25,887 children were examined by the school physicians in the public and parochial schools. A total of 9,874 children was found to have one or more physical defects, mainly defective teeth or vision or enlarged tonsils and adenoids. Of the total of 5,071 who had enlarged tonsils and adenoids 1,503 had them removed. Of the 5,047 children found with defective teeth, 2,157 had them treated; 1,098 were found to have defective vision and 947 of these had their eyes refracted and obtained glasses.

A letter urging the administration of a booster dose of diphtheria toxoid by the family physician or by the school physician was sent to the parents of all children attending elementary schools for whom no record of booster inoculation could be found. A total of 14,572 children received this additional protection in the school clinics.

The presence of smallpox in New York in March, 1947 prompted a survey of the elementary school children in the city for the presence of a vaccination scar. Absence of a vaccination scar or a record of vaccination was found in only 0.26 per cent of the school population. These apparently unprotected children were immediately vaccinated in accordance with the

provisions of the state law. It is probable that most of these children had been previously vaccinated.

A total of 620 school children made 1,545 visits to the eye clinic maintained by the City Health Department. Of this number, 553 children were given mydriatics and 525 had their eyes refracted in the Department's clinic. In the ear clinic 777 patients made 1,293 visits during 1947. There were 1,148 audiometric tests given and 226 radium treatments administered. Children with serious heart, eye or ear defects or orthopedic deformities were recommended for transfer to special classes maintained by



HENRY F. BUETTNER, M.D.

Health Warden  
April 1, 1920–December 31, 1920

Health Officer  
January 1, 1921–December 18, 1938

Health Officer, Full Time  
Western Health District  
December 19, 1938–July 28, 1939

Administrative Health Officer  
Western Health District  
July 29, 1939–February 2, 1941

Military Leave  
February 3, 1941–July 14, 1946

Director, Bureau of School Hygiene  
Since July 15, 1946

the Department of Education for the physically handicapped. Children unable to attend school due to protracted illness were recommended for home teaching service.

### *Dental Hygiene*

The five dental clinics located in the public schools were operated by a part time supervisor and a part time Negro dentist. The remaining eleven clinics were not reopened due to lack of adequate salaries to secure professional personnel. The scope of the work consisted mainly in giving sedative treatments or in extractions for the relief of toothache. Children in need of extensive dental care were referred to private dentists or to the Dental School of the University of Maryland.

A summary of work done during the year follows:

Patients registered at clinics .....	1,159
Visits to clinics .....	1,348
Prophylactic treatments given .....	458
Teeth filled .....	255
Temporary teeth extracted .....	726
Permanent teeth extracted .....	1,548
Cases discharged .....	1,159

A constructive program of dental hygiene for school children in Baltimore City has been recommended by the Committee to Study the Medical Care Needs of Baltimore. The plan calls for the enlargement of the Division of Dental Hygiene in the City Health Department under a full time dental director with fifteen part time dentists the first year and provides for the examination of all kindergarten and first grade children that year, together with treatment for those whose parents request such care. In successive years the program would be expanded to include all elementary school children.

### Public Health Nursing

Largely as a result of changes in personnel the total number of home visits by public health nurses decreased from 170,665 visits in 1946 to 151,696 visits in 1947. Home visits to newborn infants increased considerably, however, because of the greater number of births in the city. A new service was added with home investigations prior to the discharge of premature infants from the special hospital wards and follow-up visits were made to encourage continued medical service and to demonstrate the essentials of child care in this special category.

Eleven nurses were employed full time and many regular staff nurses were assigned on a part time basis to assist in the census survey conducted in the Eastern Health District in the summer of 1947. The public health nurses made approximately 15,000 home visits in this survey. Special services were also performed by the nurses following the reporting of several cases of endemic typhus. A house-to-house canvass was made and typhus vaccine was administered. The diphtheria immunization program was again a major activity and required 24,870 home visits to infants and preschool children in addition to assistance in the program of booster inoculations for school children.

Twenty-five thousand physical examinations in which public health nurses assisted were made in the elementary grades of the public and parochial schools. New type surveys were completed in four schools in the examination of eyes following the receipt of two Massachusetts Vision Test outfits. These gifts from the Lions Club will greatly facilitate the work of the public health nurses in the improved type of testing for visual acuity. The presence of some ringworm of the scalp among children of school age prompted a survey and the reporting of all currently diagnosed cases. In a few schools where the problem was more severe the public health nurses assisted the staff of the Bureau of Communicable Diseases and the school physicians in the examination of every child with the Wood's ultra-violet lamp. The nurses found 295 cases and these were referred to private physicians or to a skin clinic.

Nurses were assigned to assist clinic physicians in 150 clinic sessions weekly in the tuberculosis, venereal disease, prenatal and well baby clinic services. These clinic duties required approximately 30 per cent of the total working time of the public health nurses.

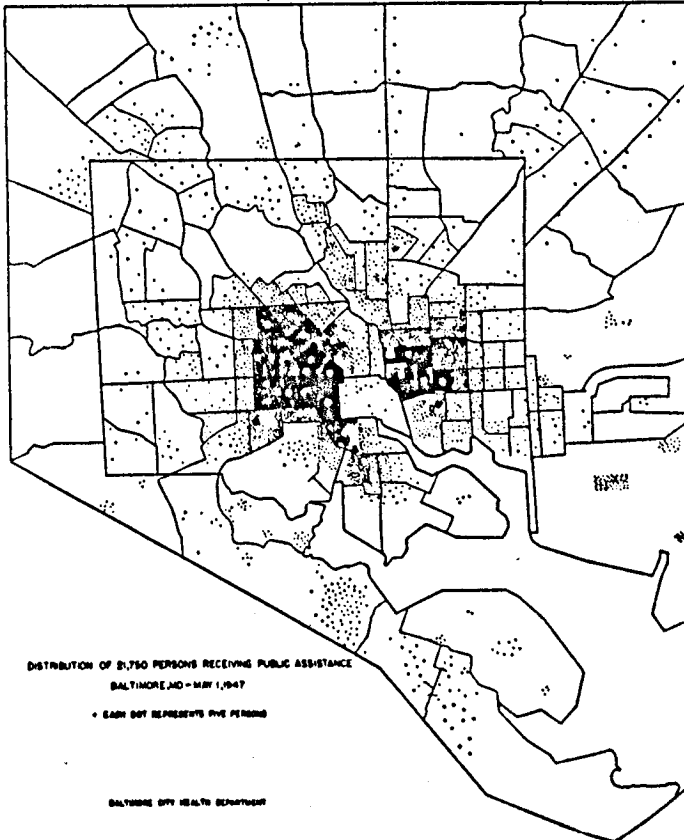
Extended leaves of absence for educational purposes were again given so that selected nurses could pursue special collegiate courses of study in public health. Group and full staff conferences were held throughout the year. In-service training continued and 14 nurses were given the two months orientation course in the Eastern Health District. One conference was held every month by the supervisors for the revision of the *Manual of Procedures for Public Health Nursing* and many of the bureau directors gave valuable suggestions for the content of this manual.

### Medical Care

By the close of the year detailed plans for the administration of medical care to persons receiving public assistance in the city were being prepared. Dr. Wendell R. Ames, Director of the newly created Medical Care Section, was chosen during the summer and took office on September 10. In the same month the Commissioner of Health appointed a Baltimore City Advisory Committee on Medical Care. Members of this committee included the following: Dr. Maurice C. Pincoffs, *Chairman of the Medical Care Committee of the Maryland State Planning Commission*; Dr. Lowell J. Reed, *Chairman of the Committee to Study the Medical Care Needs of Baltimore City*; Dr. Robert H. Riley, *Director of Health, Maryland State Department of Health*; *The Commissioner of Health of Baltimore City*, Chairman, Dr. Huntington Williams; *The Director of Welfare of Baltimore City*, T. J. S. Waxter; Dr. Samuel Wolman; Dr. Frank C. Marino; Dr. George Anderson; Charles S. Austin, Jr.; Miss Florence M. Gipe, *Superintendent of Nurses, University of Maryland Hospital*; William Galvin; Mrs. Henry E. Corner; *The President of the Baltimore City Medical Society*, Dr. C. Reid Edwards; *The President of the Baltimore Hospital Conference*, P. J. McMillin; *Dean of the University of Maryland Medical School*, Dr. H. Boyd Wylie; *Dean of the Johns Hopkins Medical School*, Dr. Alan M. Chesney; *Director of the Johns Hopkins School of Hygiene and Public Health*, Dr. Ernest L. Stebbins; *The President of the Monumental City Medical Society*, Dr. Maurice L. Adams; *The President of the Maryland Academy of Medicine and Surgery*, Dr. William S. Love; *The President of the East Baltimore Medical Society*, Dr. Walter A. Anderson.

In accordance with the recommendations of the Committee to Study the Medical Care Needs of Baltimore City, medical services will be rendered by private physicians selected by the eligible patients, and by medical care clinics to be established in close relation to hospital outpatient departments.

Services available at City Health Department clinics will be rendered at these clinics on referral from the physician or the hospital medical care clinic. The program also includes payment for drugs required by the eligible clients.



#### DISTRIBUTION OF PUBLIC ASSISTANCE CLIENTS, MAY 1, 1947

A geographic and statistical analysis of the case load of the Department of Public Welfare was undertaken to furnish guidance in the development of policies for the enrollment of the recipients of public assistance in the medical care plan. The accompanying map shows the general areas of residence of the persons to be served. Basic record forms and a procedure manual were drafted. Contracts for setting up and financing the medical care clinics were being prepared at the close of the year and the program will begin operation in 1948.

### Milk Control

There was a gratifying improvement made in the physical and sanitary condition of dairy farms, receiving stations and milk pasteurization plants. A large part of the milk industry, both farmers and milk plant operators, willingly and often voluntarily made important improvements which raised the sanitary standard of the dairy farms and milk plants well above the prewar level.

An increase of over eight per cent in milk production on the milkshed and an appreciable decrease in city milk sales made possible a reduction in the volume of out-of-state emergency milk brought into the city from 9,000,000 gallons in 1946 to 5,700,000 gallons in 1947. The latter gallonage represents roughly twelve per cent of the total city milk supply. There was an encouraging increase in the average number of gallons of milk produced per farm and for the first time since 1939 more new dairy farm permits were issued than were cancelled.

Approximately 99.85 per cent of the 80,413 gallons of milk sold daily within the city as fluid milk was pasteurized. A total of 5,007 bottles of pasteurized milk were phosphatase tested by the Bureau of Laboratories and only three indicated improper pasteurization as compared with last year's total of 4,487 tests of which five were positive.

The 1947 Sanitary Milk Production Contest, sixteenth in the annual series which began in 1932, was won by Thurmont High School, Frederick County, Maryland. Delta High School, Delta, Pennsylvania, and Emmitsburg High School, Frederick County, Maryland, finished in second and third place, respectively. Three hundred and ten agricultural students, representing fourteen rural vocational high schools on the milkshed, were trained for the contest. Many of the 5,466 students who have participated in the sixteen contests held thus far are numbered among the leading farmers now supplying milk for the city and are enthusiastic supporters of the City Health Department milk control program.

### Food Control

The public health goal of food control, prevention of food poisoning or infection, was emphasized throughout the year in a program of inspection, education and cooperative and regulatory action in the more than 10,000 food establishments in the city. Investigation of 22 alleged food poisoning outbreaks revealed that six were caused by food. One outbreak was due to botulism caused by the eating of home-canned figs in a neighboring city, and resulted in 4 cases and 1 death. Beginning in September, at the request of the Mayor, concentration of effort was placed on restaurant and soda

fountain control in a program to bring such establishments up to a high standard of cleanliness. Instruction of food handlers was continued in 1947 with over 2,500 persons given elementary instruction in more than 50 groups. Over 15,000 such persons in the city have been given elementary and more advanced instruction since 1940.

Prosecutions of food establishment operators during the year were required in 16 cases and fines imposed were in excess of \$875.00. Having in possession impure food and maintaining nuisances were the causes for the prosecutions. Cooperating with food establishment owners in a broad plan to have the food establishment maintained in a clean and sanitary condition at all times, equipment location studies during each visit showed the effectiveness of relocating equipment away from walls and raising it from the floor. Plans of new businesses, when submitted, were reviewed and equipment location for ease of cleaning was emphasized in suggesting revisions.

In addition to usual activities in the inspection of retail, wholesale and manufacturing food establishments and food departments of institutions, other services of the bureau included: The review of applications for 1,115 new food establishments and inspection of the premises, surveying food establishments surrounding the Northeast Market in a project involving complete eventual rodent-proofing of all establishments in this area, co-operating with and informing members of a Grand Jury in methods of tavern inspection, studying the conditions of soft drink dispensing machines and ice cream dippers, proposals for rewording the food control ordinances of the city prior to a recodification of the City Code, collaborating with the Bureau of Communicable Diseases in the investigation of cases of tularemia, trichinosis and undulant fever, and addressing members of various civic organizations on general matters of food handling and food control.

### *Nutrition*

The educational services of the Division of Nutrition were continued in 1947 for members of the staff of the City Health Department and for individuals and groups in the community. More than 2,200 persons were given information and instruction in 166 groups during the year. A new service to individuals registered in the prenatal clinics of the Health Department was inaugurated when these expectant mothers were interviewed during the second and third visits and given instruction in the selection of a good diet within their economic means. This instruction was given to 655 persons during the year. Five exhibits were prepared and displayed at group meetings and over 1,000 pieces of literature on nutrition were distributed.



### Meat Inspection

In addition to licensing and inspection services for slaughter houses, processing and manufacturing plants, assistance was furnished in the sanitary aspects of improving meat production and packaging and of the modernization of plants. The control work has aided in saving losses for the producer while protecting the health of the community at large from consuming meats and products unfit for human consumption. The most frequent diseases found in order of importance, which caused condemnation of carcasses were: Hog cholera, pneumonia, septicemia, pyemia, traumatic pericarditis, emaciation, immaturity and tuberculosis. Condemnation of parts of carcasses was made because of parasites, abscesses, cirrhosis, hydromas, bruises, actinomycosis and tumors.

Five appeal cases were filed with the bureau for adjudication involving twenty carcasses; the decision of the veterinarian was sustained, except on one carcass. Nineteen carcasses were condemned. During the year there were slaughtered under local inspection for federal and state agencies 394 cattle reacting for Bang's disease and one such animal for tuberculosis. The U. S. Experimental Station, Beltsville, Maryland referred twenty-eight cattle for examination and St. Elizabeth's Asylum, Washington, D. C., referred eighteen cattle.

On February 13 a fire occurred in one of the manufacturing establishments which necessitated condemning 3,480 pounds of meat products which were rendered unfit for human food. On December 5 in one manufacturing plant it was necessary to reject for use 1,257 pounds of seasoning and curing materials because a curing pump was contaminated by an overflow of fuel oil from a storage tank. In September there was condemned at one establishment 1,500 pounds of corned beef which had become rancid and which contained curing salt that was infested with beetle larvae. At another establishment 770 pounds of meat food products shipped into the city from sources outside of the state were condemned due to spoilage. In October a violation of the meat inspection ordinance occurred when thirteen cattle were slaughtered without the presence of an inspector between the hours of 2:00 A.M. and 7:00 A.M. The packer was reprimanded with a warning since this was the first offense.

A new meat product, fried pork skins, was offered to the trade for the first time in 1947. Class B and Class D-3 licenses were issued to twenty-six new operators for this purpose. Service was rendered to the Bureau of Communicable Diseases in the examination of dogs, to the Bureau of Food Control in the inspection of meat and poultry, and to the Bureau of Environmental Hygiene in discovering the source of the accumulation of offal at the central city sewage pumping station that had come from slaughter houses.

## Environmental Hygiene

### *Industrial Hygiene*

Concentrating on the evaluation of actual health hazards in industry rather than on routine industrial plant inspections, 55 technical studies of exposures to toxic materials were conducted and the hazards brought under control by the installation of specific engineering control measures. Industrial plants made 226 improvements for the health and welfare of a total of 4,830 workers. The examination and inclusion of control measures on all plans for new or expanded industrial construction was continued as a preventive procedure.

Technical studies of hazardous conditions included those related to: Silica dust in a monument cutting plant where a worker developed silicosis, mercury vapor in a laboratory performing the distillation of mercury where a case of mercurial poisoning had occurred, dermatitis caused by a grain mite in a broom factory, radiation exposure in an industrial plant using large X-ray equipment, and lead dust in a shipyard scrapping ships painted with lead paint.

Favorable court action in two cases where the plant management failed to provide exhaust ventilating systems to remove toxic materials from the workroom established the City Health Department's Industrial Hygiene Division as an authority recognized by both the local engineering and legal professions in these matters. Fourteen studies were made of industrial waste disposal or atmospheric pollution and the unsanitary conditions that were discovered were brought under control by the installation of control equipment or by cessation of operations.

### *Community Sanitation*

With the occurrence of 6 cases and 1 death of typhus fever in 1947 after 2 such cases in 1946, all but 2 cases among occupants of a group of six-family apartment houses on Calvert Street near a railway freight yard, drastic action was taken which prevented the further spread of the disease. The control program included: Dusting of the rat runs with DDT to kill fleas, trapping and poisoning to eliminate the existing rat infestation, extensive ratproofing of the basements of the properties, and a typhus vaccination campaign among the residents of the block conducted by the Bureau of Communicable Diseases. One hundred and one rats were trapped throughout the city and their blood examined for typhus fever complement-fixing antibodies. The 20 which were positive came from the block where the cases of typhus fever had occurred and the railroad yards in the immediate vicinity.

Close cooperation with the officials of the Department of Recreation and

Parks resulted in an improvement of the sanitary quality of the water in the public park swimming pools. Other outstanding activities included: Revision of the water sampling procedure on a census tract basis to get a more representative and comprehensive coverage of the distribution system, in cooperation with the Bureau of Water Supply prompt investigation and remedial action on two cases where sewer lines broke in the immediate vicinity of water mains, study of sewage treatment for housing developments on vacant land where sanitary sewerage facilities were not available, elimination of clogging of screens in the sewage pumping station due to slaughter house offal and to tomato waste from canneries in cooperation with the Bureau of Sewers, continuation of the stream pollution surveys and the posting of signs warning of the polluted character of the water at 71 locations within the city, and periodic inspections of the sanitary landfill.

In accordance with the recommendations of a Rodent Control Coordinating Committee representing the Health, Police and Public Works Departments the Board of Estimates approved the transfer of the city's rodent control activities to the Health Department on May 1. Reorganization of the personnel and activities of the division was accomplished in order to carry on environmental control on a block basis. The Coordinating Committee met regularly during the year and conducted three training courses in rodent control for municipal employees.

### *Housing*

Although housing materials, particularly plumbing supplies, remained scarce 6,121 investigations involving the shelter of 25,338 persons were made and 1,303 dwelling units were improved to conform with the housing code. One hundred and thirty-two structures housing 977 persons were posted to be vacated as unfit for human habitation. Following extensive repairs 89 structures which had been previously vacated were approved for occupancy. Of the total of 1,438 dwelling units inspected, 51 or 3.5 per cent were found to be overcrowded by the standards of the housing code.

The conversion of slums to habitable housing under the direction of the Housing Law Enforcement Committee which started in 1945 with one block and expanded in 1946 to include a second block was further expanded in 1947. The 26 blocks thus brought under control were divided about equally in four widely separated areas of the city. At the end of the year six blocks were completely rehabilitated and in 11 blocks 70 per cent of the dwelling units had been renovated to meet the standards of the city housing code. This program continued to receive the support of the press, civic organizations and the public and attracted nation-wide interest. The establishment of a central Housing Court to handle all cases involving viola-

tions of ordinances pertaining to housing and sanitation and the organization of sanitary district squads in the Police Department headed by an Inspector of Police with two sanitary police patrolmen in each of the eight police districts assigned to devote full time to correcting existing unsanitary conditions were major forward steps in sanitary control.

## THE SUN

Published Every Week Day By  
THE A. S. ABELL COMPANY  
PAUL PATTERSON, President

BALTIMORE, SATURDAY, AUGUST 30, 1947

### More Than One Way Of Dealing With Slums

The "before-and-after" pictures of the area at Bevan and Leadenhall streets in South Baltimore provide an impressive illustration of what can be done in the way of "slum clearance" through rehabilitation rather than entirely new construction.

In the picture showing the area after it had been cleaned up the lines of the houses remain the same, but each house has been neatly stuccoed. Rotting wooden fences and trash piles have disappeared to make room for a welcome breathing space and a playground equipped through the generosity of the Kiwanis Club. What the pictures do not show are the installation of inside toilets, fresh paint and repairs which bring the houses up to the sanitary standards required by the Health Department and give the tenants a novel sense of pride in their homes.

It is interesting to learn that nineteen city blocks are slated for improvement under a city cleanup program sponsored by the Health Department and the Housing Law Enforcement Committee, which selects the areas to be attacked. Experience has shown that where the owners of the houses realize that the housing law is going to be strictly enforced they generally offer their co-operation. Improvement once started in an area becomes contagious.

Frequently it is assumed that the only way to get rid of slum conditions is to raze existing houses and begin new construction from the ground up. Yet many of the seemingly hopelessly old houses in the city are still structurally sound and need only renovation to give them years more of usefulness. In this present time of excessive building costs the arguments for rehabilitation are especially forceful. Rehabilitation is by no means confined to the houses of the poorer elements of the population. Quite a number of instances could be cited in all parts of the city where persons able to afford new houses have preferred to restore old ones, with excellent results.

If the Health Department and the Housing Law Enforcement Committee continue to pursue the cleanup program with the determination they have shown in the Bevan and Leadenhall streets area, a long step will have been taken in ridding the city of many of its more unsightly and unhealthy slums.

## HOUSING LAW ENFORCEMENT

### Plumbing

Three domestic kitchen-sink garbage grinders were tested for performance and two were approved in cooperation with the Bureau of Sewers. The completion of sewerage facilities in Dundalk-Graceland Park, Wagners Point and a section of Gardenville and the connection of existing properties to these facilities on notice from the Health Department eliminated the existing unsanitary method of sewage disposal in these areas. In all, 2,855 properties were connected to the sanitary sewerage system in 1947 making a total of 177,464 connected properties in the city. In protecting

the city water supply against possible contamination by faulty plumbing construction, 2,099 potential cross connections were prevented or eliminated during the year.

### Biostatistics

With the assistance of the Bureau of Research and Statistics of the Department of Education, the Statistical Section brought up to date the previous study of the estimated future school enrollment in Baltimore as indicated from an analysis of birth registration and migration trends. The Department of Education was furnished statistical information on health and social conditions in the city and in selected areas in connection with the preparation of a school curriculum on current social studies. The section prepared tabulations of the cases heard by the Juvenile Court in 1946 and assisted in the analysis of these tabulations.

The section undertook the tabulation of contact investigations by the Bureau of Venereal Diseases. Special analysis was made of the mass X-ray surveys conducted by the Bureau of Tuberculosis during 1946. The routine tabulation and analysis of births, deaths, cases of communicable diseases, reports of toxoid inoculation and of the activities of the public health nurses and food control inspectors were continued as in past years. The Statistical Section continued to give its cooperation to various official and private agencies in the field of population studies.

The fifth census survey of the Eastern Health District was conducted during the summer of 1947. The data secured in these surveys since 1922 serve as the basis for continuous studies in population and disease control by the City Health Department and the Johns Hopkins School of Hygiene and Public Health. In 1947 the survey included 27,647 families.

The director of the section participated actively in the preparatory work for the Sixth Revision of the International List of Causes of Death as a member of the U. S. Committee on Joint Causes of Death and later as Vice-Chairman of the Expert Committee appointed by the World Health Organization for this highly specialized work.

### Vital Records

The number of births in Baltimore in 1947 exceeded the record for any prior year in the history of the city, requiring the registration of 31,215 birth certificates. In 1946 a total of 27,412 birth certificates was registered. The total resident births in 1947 was 23,992 as compared with 21,111 in 1946. An abstract of each of these certificates was reviewed by one of the parents shortly after the registration of the certificate in order to insure the accuracy of the information. A *Notification of Birth Registration* was furnished to the parent for each certificate registered. A total of 11,502

death certificates was filed during 1947 as compared with 11,195 certificates filed in 1946.

An effort was made to insure the registration of all births in the city through investigation of reports of births believed to be unrecorded. A total of 180 such reports was investigated. From the attendant at birth 130 certificates were received as a result of such investigations. The remaining records were found to be already reported or were filed over the signature of the Commissioner of Health in the absence of an attendant. One report of an unrecorded death was investigated and the certificate secured from the funeral director who had transported the body to another state.

The number of transcripts of death certificates issued rose again, reaching a new high of 28,781 copies. In 1946 a total of 26,808 death transcripts was issued. Requests for 11,204 birth transcripts were handled in 1947 as compared with 14,757 requests in 1946. In addition to the issuance of complete transcripts, verifications of 2,654 births and 207 deaths were furnished directly to official agencies requiring such records. Birth verifications were also furnished to individuals on a short-form statement of age card for 6,176 persons in 1947.

During the year reports of the adoption of 525 children born in Baltimore were received. In each case a new certificate of birth was prepared and the original certificate placed in a sealed document file. A similar procedure was followed when reports of the legitimation of 155 children born in Baltimore were received. Evidence for the delayed registration of 256 births in Baltimore which occurred during the years when birth registration was incomplete was reviewed and considered satisfactory.

### Conclusion

With the establishment of the Medical Care Section in the Baltimore City Health Department in 1947 a foundation has been laid for the future development within the Department of services that may grow to great size and importance for the well-being of the people of the city. Baltimore and Maryland have a right to take pride in their medical institutions and public health agencies and in the careful planning that goes into the vital questions related to their expanding responsibilities.

A summary has been presented of the more striking activities of the City Health Department for another year. It is fairly clear to most persons who are at all close to the problems of public health administration that there is the greatest scarcity of qualified professional and technical persons who may be found willing to accept appointment to key executive positions on a health department staff. The disparity between salaries for such workers and the earnings of workers with comparable responsibility and

competence outside of public service is at the bottom of many of the administrator's difficulties.

With the quality and effectiveness of the teamwork among official, professional and nonofficial agencies that is proverbial in Baltimore and in Maryland solutions for even these difficulties should be found.

Respectfully submitted,

*Huntington Williams, M.D.*

*Commissioner of Health.*

Baltimore, Maryland  
May 1, 1948

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SCARLET FEVER. Information for Parents (Revised)

STYLE MANUAL OF THE BALTIMORE CITY HEALTH DEPARTMENT.  
(Second Edition)

## **ADMINISTRATIVE SECTION**

## **EXECUTIVE OFFICE**

### **Personnel**

Huntington Williams, M.D., Dr.P.H., Commissioner of Health  
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health  
Reed Gaither, Senior Administrative Officer and Secretary to the Commissioner  
Dorothy I. Allen, Senior Stenographer  
Sadie E. Figg, Senior Stenographer  
Helen von Wachter, Senior Stenographer  
Anne P. Madden, Principal Addressograph Operator  
Margaret Kaiser, Addressograph Operator  
Margaret Shaver, Senior Typist

Note: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster as of December 31, 1947.

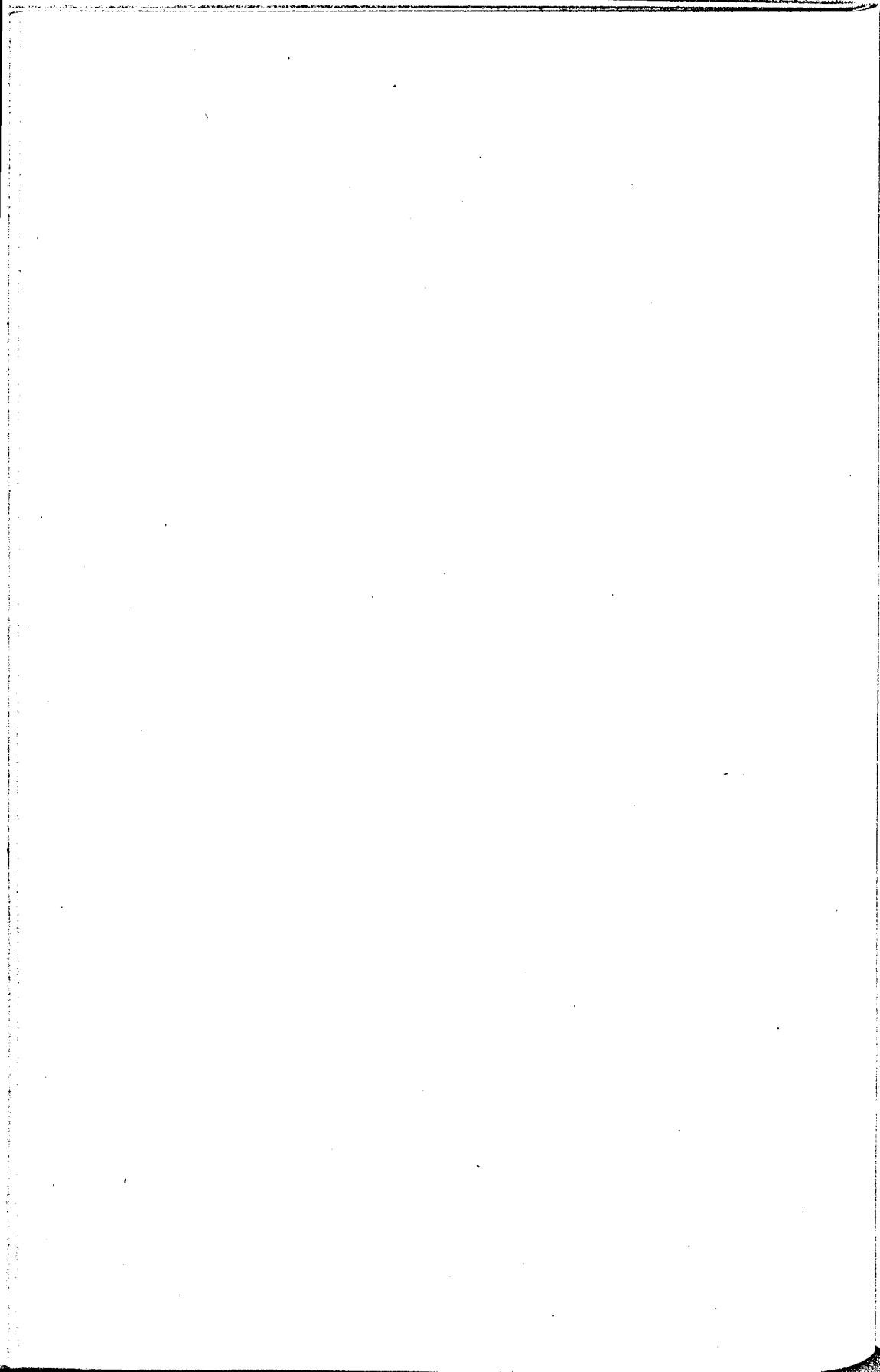
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**ASSISTANT COMMISSIONER OF HEALTH**

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## ASSISTANT COMMISSIONER OF HEALTH

Ross Davies, M.D., M.P.H.

During 1947 the work of the Assistant Commissioner of Health consisted chiefly of assignments from the Commissioner of Health, in addition to certain activities which have become a regular responsibility of the Assistant Commissioner. Throughout the year he worked in close cooperation with the Commissioner of Health on many different kinds of problems that occur from day to day. These day by day assignments varied greatly in their nature and a few references will indicate the more important ones and also the type of regular responsibility assigned to his office.

The district health offices were visited regularly twice a month and at each visit a one-hour conference was conducted with the district health officer and supervising nurse. These conferences are held to correlate the work of the districts with the different bureaus and the administrative office, and are also important in evaluating the decentralization of the work of the various bureaus in the districts and through these conferences more efficient operation is obtained.

Many visitors come to observe and study the organization and work of the Health Department. These visitors may be classified in three categories.

1. Groups from local organizations in and around Baltimore City who come for short visits to see certain activities in the Department. These groups come from public schools, private schools, boy and girl scout organizations, church organizations and boys' clubs.
2. Public health workers from other health departments in the United States.
3. The largest group was composed of visitors from foreign countries including China, Brazil, Czechoslovakia, Iran, Italy, Nova Scotia, the Philippine Islands and Sweden.

The length of time spent in the Health Department by these visitors or groups varied from a few hours to six months and arranging their schedules with the various section and bureau directors and district health officers required considerable time and study. In each case an effort was made to give the visitor or group the best attention possible so that they would have a more complete understanding of the Department programs and activities.

The Commissioner of Health serves as Professor of Hygiene and Public Health in the University of Maryland School of Medicine and preparation of lecture schedules for students in the junior and senior classes has been

an assignment of the Assistant Commissioner of Health for several years. This work also included the preparation of examination questions, the conducting of examinations and the correction of papers.

A course of eight lectures for students from the Johns Hopkins School of Hygiene and Public Health was arranged and subsequently given by the Department section and bureau directors. Each lecture of one hour was followed by a fifty-minute seminar on the same topic.

Problems arising within the Department demanded considerable attention. One of these was to find adequate office space for the personnel necessary in expanding programs in the Bureaus of Food Control, Environmental Hygiene and Public Health Nursing and for the newly organized Medical Care Section. In the solution of this problem it was necessary to move the Bureau of Venereal Diseases to another building at 202 Guilford Avenue.

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**BUREAU OF HEALTH INFORMATION**

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## BUREAU OF HEALTH INFORMATION

Esther S. Horine, A.B.

### *Chief*

The program of the bureau included the preparation and distribution of informational materials for professional workers and for the public and rendering editorial and library services to personnel of the Department.

### *Publications*

The monthly bulletin, *Baltimore Health News*, was edited and distributed to physicians, nurses, teachers, social workers and others. Special features included the publication of the "Interim Report on Medical Care for Baltimore City" and the publication of two articles on industrial hygiene which were reprinted in professional journals.

Several leaflets were revised and reprinted. A total of 541,572 leaflets prepared by the Department was distributed by public health nurses and sanitarians, upon mail request and through the forty-nine racks placed in Department clinics, Sydenham Hospital, branch libraries, the City Hall information desk, and the Department of Public Welfare headquarters. The ANNUAL REPORT of the Health Department for 1946 and the summary, *Guarding the Health of Baltimore*, were edited and distributed. The *Style Manual* for the guidance of the Department staff in the writing of correspondence and reports was revised and reprinted. Reprints of published articles by staff members were distributed to physicians in the city, including articles on "A Statistical Study of Mortality from Leukemia" and "A Transport Medium for Neisseria Gonorrhoeae".

Releases on health information for the city-wide and neighborhood newspapers were prepared or edited, including a weekly report, a monthly release on a timely subject and special bulletins as indicated. A release on whooping cough was given wide distribution in "Read As You Ride", the Baltimore Transit Company bulletin, in July, 1947.

### *Radio*

For the sixteenth consecutive year a regular weekly radio program sponsored by the City Health Department and the Medical and Chirurgical Faculty of Maryland was presented. A fifteen-minute drama was broadcast each week, stressing the preventive aspects of the control of communicable diseases and accidents, and the need for community sanitation.

As urgent needs for prompt and widespread dissemination of information arose, spot announcements were made over all local radio stations. Such problems included tularemia control, rabies and diphtheria. Health Day was celebrated on March 22 by one of the radio stations with frequent announcements and special programs.

#### *Meetings, Film Services and Exhibits*

Motion picture films and film strips were loaned to schools and to community agencies. Arrangements were made for speakers at many professional and civic meetings. Exhibits were prepared and displayed in schools and at public meetings. Included in such programs was a display at the Better Homes Exposition, September 19 to 26, in connection with which miniature chest X-rays were taken with the assistance of the Maryland Tuberculosis Association; a scientific exhibit at the meeting of the Southern Medical Association at the Fifth Regiment Armory, November 24 to 26; and an exhibit at the Baltimore Sesquicentennial Celebration at the Armory, December 8 to 13.

Special assistance was provided to the U. S. Department of State in connection with the filming of "Journey Into Medicine," a film showing the training of a health officer, with scenes taken at the Eastern Health District, Sydenham Hospital and the Johns Hopkins School of Hygiene and Public Health.

#### *Special Celebrations*

The bureau cooperated with national and local agencies in the celebration of special observances during the year. Such programs included the issuance of news releases, radio dramatizations, film loans and other assistance. The March of Dimes campaign, Syphilis Control Day, Cancer Control Month, Negro Health Week, Public Health Nursing Week, Child Health Day and the Tuberculosis Seal Sale were among the community programs.

#### *Services to the Department*

Supervision of forms to be printed was continued throughout the year. Library service was maintained and interlibrary loans made on request. Editorial consultation was provided when sought by members of the Department staff.

#### *Personnel*

Miss Esther S. Horine, who had been with the Department since 1936 and served as Chief of the Division of Health Information since 1945,

resigned on October 29. Mr. Isadore Seeman, formerly Director of the Bureau of Vital Records, became acting chief of the division on October 30.

### Personnel

Esther S. Horine, A.B., Chief

Isadore Seeman, M.P.H., Acting Chief

Dorothy Regina Kalben, B.S., R.N., Chief, Division of Publications

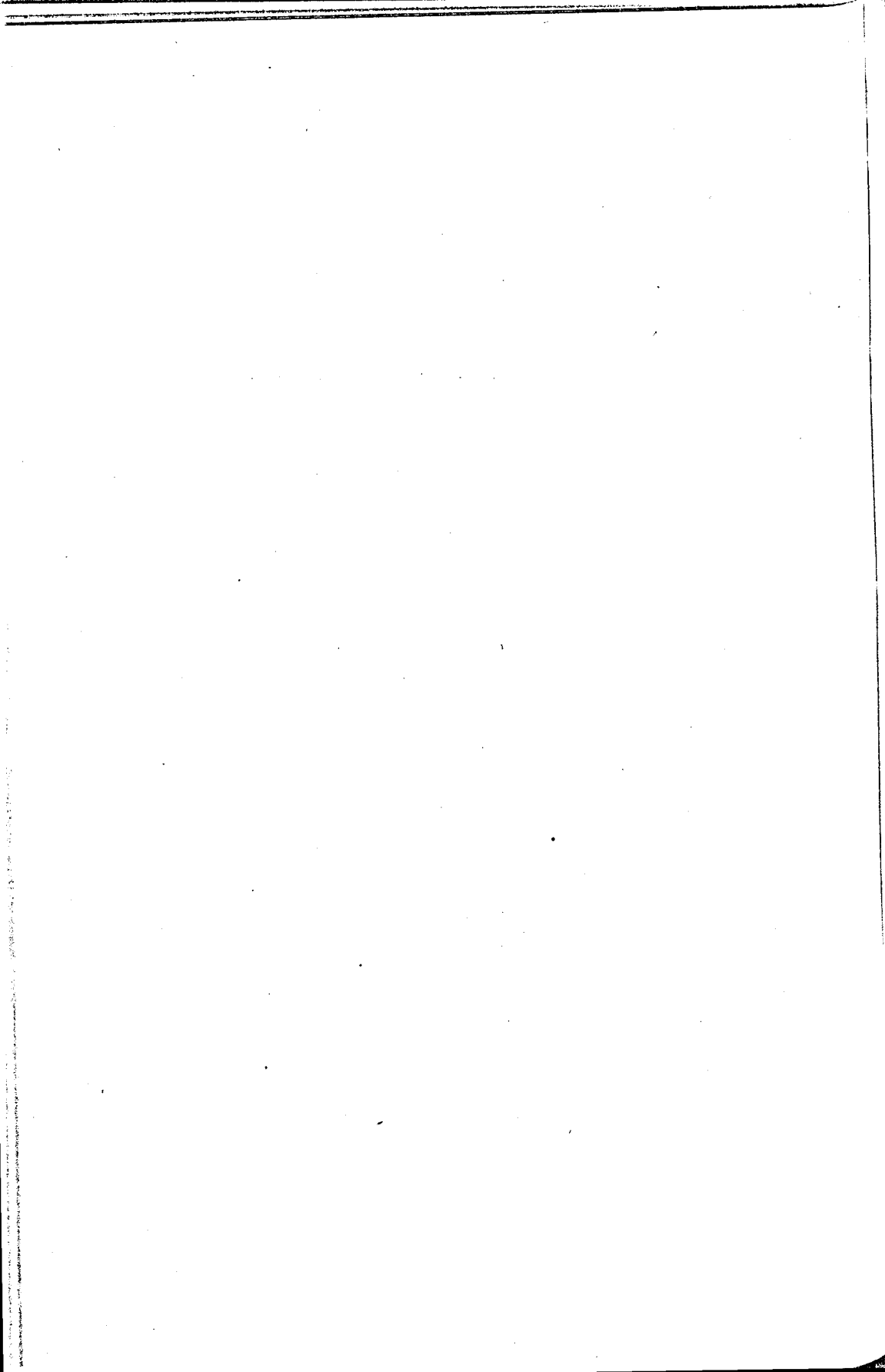
Bessie K. Sothoron, Senior Stenographer

TABLE NO. 1  
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1947

SECTION OR BUREAU	PUBLICATIONS		NEWSPAPER PUBLICITY		PRINTED MATERIAL DISTRIBUTED		ARTICLES IN BALTIMORE HEALTH NEWS		HEALTH ADDRESSES AND SEMINARS				VISUAL EDUCATION				RADIO BROADCASTS		HEALTH CONTESTS		TRAINING OF DEPARTMENT PERSONNEL ROUND TABLE TALKS AND PLANNED COURSES				MEETINGS	CONFERENCES
	Articles	Column Inches	Requests	Pieces	Articles in Baltimore Health News	Health Addresses	Seminars	Persons Reached	Exhibits	Films Slides	Persons Reached	Radio Broadcasts	Health Contests	Classes	Persons	Hours										
Entire Department.....	12	347	42,962	541,572	48	722	548	33,682	77	105	269,103	57	1	297	2,104	497	1,423	2,324								
Administrative Section																										
Commissioner of Health.....	3	40	180	9,000	4	125	60	5,000	..	..	..	7	..	40	500	40	190	325								
Asst. Commissioner of Health.....	1	6	5,148	182,781	3	2	1	162	60	46	85,950	4	..	..	..	..	178	159								
Health Information.....	15	137	189	124,907	..	..	..	..	..	..	..	..	..	..	..	..	86	..								
Baltimore Health News.....	..	..	67	44,732	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Rack Distribution.....	..	..	4,892	13,142	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Miscellaneous.....	7	28	296	893	1	10	3	370	..	2	52	..	..	6	24	5	104	106								
Laboratories.....	2	12	500	1,800	1	136	203	203	..	..	..	..	..	80	440	117	40	108								
Eastern Health District.....	12	165	528	2,835	1	6	6	63	..	..	..	..	..	16	48	28	50	59								
Western Health District.....	4	36	628	2,835	..	6	8	63	..	3	2,775	1	..	16	67	15	23	50								
Druid Health Center.....	5	56	2,426	6,829	..	27	8	2,873	9	14	45	..	..	..	..	..	18	36								
Southeastern Health District.....	4	68	3,347	4,146	..	111	166	2,494	..	..	..	..	..	..	..	..	8	16								
Sydenham Hospital.....	10	71	50	185	1	..	..	..	..	..	..	..	..	..	..	..	..	..								
Medical Section—Preventive																										
Communicable Diseases.....	39	272	370	27,400	1	3	6	565	..	..	..	12	..	..	..	..	28	34								
Tuberculosis.....	35	266	..	..	2	4	32	795	..	..	..	3	..	..	..	..	41	75								
Venereal Diseases.....	6	41	..	..	4	4	58	343	..	..	..	2	..	30	204	69	82	65								
Occupational Diseases.....	4	42	401	1,649	..	..	..	..	..	..	..	..	..	7	32	3	11	5								
Child Hygiene.....	12	136	107	17,595	2	21	5	566	..	..	..	4	..	..	..	..	72	69								
School Hygiene.....	..	..	750	1,500	1	..	..	..	..	..	..	3	..	..	..	..	..	..								
Dental Clinics.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	..								
Public Health Nursing.....	1	4	9,622	30,159	5	71	27	2,435	..	2	50	2	..	10	1	10	90	87								
Medical Care Section																										
Administration.....	..	..	..	..	5	..	..	..	..	..	..	1	..	..	..	..	..	..								
Sanitary Section																										
Administration.....	32	431	64	388	..	6	5	586	..	16	168	6	1	..	..	..	41	81								
Milk Control.....	8	65	116	323	..	25	24	1,276	..	..	..	..	..	..	..	..	37	117								
Food Control.....	15	172	2,610	4,390	..	75	7	3,466	5	2	150,200	6	..	32	605	34	123	642								
Meat Inspection.....	4	30	2	..	..	..	..	..	..	..	..	..	..	..	..	..	18	..								
Environmental Hygiene.....	36	400	2,297	51,036	6	231	4	12,485	1	20	9,863	6	..	53	148	136	128	123								
Statistical Section.....	1	59	9,000	15,800	12	..	..	..	2	..	20,000	..	..	7	35	40	38	250								

TABLE NO. 2  
 RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE  
 CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY  
 OF MARYLAND, 1947  
 "KEEPING WELL" SERIES

DATE	TITLE	SUBJECT
January 2	Wins By A Sneeze	Colds and grippe
9	Flare Up	Illuminating gas
16	The Price of Misery	Chronic hospitals
23	Bootleggers of Death	Tularemia
30	Destiny Again	March of Dimes
February 6	Cheapened Love	Syphilis Control Day
13	Neighbor, Neighbor	Whooping cough
20	You Get In My Hair	Ringworm of scalp
27	Bottleneck	Streptococcus throat
March 6	Mr. Stork Came Early	Premature babies
13	Respectfully, Dan	Diphtheria
20	Rooms for Improvement	Housing and health
27	The Right Turn	Tuberculosis
April 3	Beyond Fear	Cancer
10	The Future Is Today	Negro Health Week
17	Choice of Her Own Doctor	Medical care
24	Guardians of Health	Public Health Nursing Week
May 1	Well Baby Day	Child Health Day
8	Tick Picking Time	Tick-bite fever
15	Leaflets Three	Poison ivy
22	Danger Afoot	Rabies
29	Have Fun	Summer vacation hazards
June 5	Burn In The Sun	Danger of sunburn
12	Brucellosis	Undulant fever
19	Keep 'em Cool	Infant care in hot weather
26	Lizzie's Last Ride	Automobile accidents
July 3	Poison Package	Picnic lunches
10	A Weakened Heart	Rheumatic fever
17	Inside Stuff	Chest X-ray examination
24	Boy or Girl	Maternity hygiene
31	Not Without Love	Mental hygiene
August 7	Baby Comes Home	Whooping cough
14	One To Get Ready	Getting ready for school
21	Can With Care	Home canning
28	The Danger In Paint	Lead poisoning in children
September 4	Surprise Package	School lunches and nutrition
11	Traps Aren't Enough	Rodent control
18	One Visit Won't Cure	Veneral disease control
25	Death In The Air	Heating hazards
October 2	A Shot In Time	Diphtheria toxoid
9	Hearing Aids	Good hearing
16	Look Before You Eat	Restaurant sanitation
23	Slip Up—Fall Down	Home accidents
30	Not Always Rash	Scarlet fever
November 6	Ladies In Blue	Public health nursing
13	Arrest Cancer	Cancer detection center
20	Industry's Unseen Danger	Industrial hygiene
27	Sunshine Seals	Tuberculosis Seal Sale
December 4	Take Care	Food poisoning
11	Baltimore's City Health Service	Sequoiacentennial celebration
18	Merry Christmas	Safe Christmas
25	Give Yourself A Gift	Good health



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## **BUREAU OF LABORATORIES**

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## BUREAU OF LABORATORIES

C. Leroy Ewing

*Director*

The postwar trend in requests for routine diagnostic laboratory services that began rising in 1945 leveled off in the early part of 1947. Later, this trend dipped appreciably and by the end of the year total requests were considerably lower than for 1946. Bureau personnel became more stable in 1947 with fewer resignations and fairly prompt replacements. Some new services were instituted and a considerable amount of investigative work was carried out.

A joint investigation of an outbreak of endemic typhus, which was begun in the latter part of 1946 by the Bureau of Communicable Diseases, the Sanitary Section and the laboratories, was completed in 1947. Laboratory responsibilities were of appreciable magnitude and involved making agglutination and complement fixation tests of patients' blood, the blood of contacts and rats' blood. In addition, endemic typhus vaccine was obtained and made available to private physicians and for the use of the Bureau of Communicable Diseases. Complement fixation tests were carried out with readily obtainable commercial antigens. Portions of all specimens received were also tested in the laboratories of the National Institute of Health with practically identical results. All laboratory findings supported clinical diagnoses. Of 101 rat serum specimens examined, 20 or 18.8 per cent gave positive endemic typhus complement fixation tests. A serologic survey of 101 residents in the typhus area revealed that 9 or 8.9 per cent had endemic typhus complement-fixing antibodies in their serum.

### Diagnostic and Other Services

Routine services involved 230,650 examinations of 153,249 specimens and samples. Of these totals, 192,576 examinations of 138,644 specimens were made for the diagnosis of communicable diseases; and 10,459 bacteriologic and 27,615 chemical examinations were made of 14,605 samples of milk and food products and industrial or other materials. The grand totals of specimens and samples decreased by 10.8 per cent and examinations decreased by 9.3 per cent from the 1946 record.

### *Medical Bacteriology and Serology*

In the previous four years, increases had occurred in the number of specimens submitted for diphtheria examinations. In 1947, a marked

decrease was recorded when 6,717 microscopic tests and 773 virulence tests were made of 2,751 cultures. In 1946, of 7,056 cultures submitted there were 14,326 microscopic studies and 2,462 virulence tests made.

Demands for STS also decreased in 1947. The 110,770 specimens of blood and spinal fluid submitted represented a decrease of 9.2 per cent in comparison with the number submitted in 1946. Of the total specimens received, 108,894 were blood and 1,876 were spinal fluid. However, an increase occurred in the number of titre or quantitative tests. The 17,315 such tests made represented an increase of 29.9 per cent over the tests performed in 1946. The accompanying table shows the distribution of the sources of specimens for STS for the last ten years.

BLOOD AND SPINAL FLUID SPECIMENS FOR STS BY SOURCE—1938-1947

YEAR	NUMBER OF PHYSICIANS SUBMITTING SPECIMENS	NUMBER OF SPECIMENS					PERCENTAGE DISTRIBUTION				
		TOTAL	SOURCE				TOTAL	SOURCE			
			Physi- cians	Clinics	Hos- pitals	Com- mercial Firms		Physi- cians	Clinics	Hos- pitals	Com- mercial Firms
1947	701	110,770	46,680	32,131	16,140	15,819	100.0	42.1	29.0	14.6	14.3
1946	784	121,939	46,295	32,611	19,194	23,839	100.0	37.9	26.8	15.8	19.5
1945	526	102,214	38,118	21,412	16,767	25,917	100.0	37.3	20.9	16.4	25.4
1944	504	91,249	36,406	21,608	11,281	21,954	100.0	39.9	23.7	12.3	24.1
1943	565	99,508	38,181	17,872	4,798	38,657	100.0	38.4	17.9	4.8	38.8
1942	633	153,877*	32,522	15,551	6,583	48,098	100.0	21.1	10.1	4.3	31.3
1941	650	106,215	27,563	14,551		64,137	100.0	25.9	13.7		60.4
1940	615	63,687	21,184	13,669		28,834	100.0	33.3	21.5		45.2
1939	595	55,514	18,961	13,145		23,408	100.0	34.2	23.7		42.1
1938	544	50,319	17,232	12,598		20,491	100.0	34.2	24.8		41.0

\* Total includes 51,123 specimens from Selective Service Registrants, or 33.2 per cent.

A marked decrease occurred in the number of animals tested for rabies. Only 2 dogs, or 3.8 per cent of 53 animals examined were found to be positive for rabies. Of 76 animals examined in 1946, there were 17 or 22.4 per cent positive.

Increases occurred in other types of examinations as follows: 248 specimens for tuberculosis, 487 blood specimens for agglutination tests and 192 fecal specimens.

The approval service laboratory maintained its STS survey in the city during 1947. Specimens were submitted to the participating hospital and private laboratories each month with the exception of December. This type of survey has proved to be a valuable part of approval work. In addition, there were 5,800 tests made of 932 blood specimens and 1,767 tests of 1,876 spinal fluid specimens. These figures represent decreases of 25.8 per cent in blood specimens and 0.8 per cent in spinal fluid specimens in comparison with 1946. Other special types of work included 558 agglutination tests for infectious mononucleosis, complement fixation tests

on 147 specimens of blood for endemic typhus, and Rocky Mountain spotted fever complement fixation tests on 35 specimens.

Routine gonococcus laboratory services involved the examination of 8,346 smears and 5,230 cultures representing decreases of 26.6 per cent and 32.7 per cent respectively in comparison with the work performed in 1946. The smears were submitted by physicians and by venereal disease clinics not supplied with culture services. All cultures were referred from the Calvert Street and Somerset clinics until the first of December when this service was rendered at the Druid Health Center clinic.

### *Sanitary Bacteriology*

There were 10,459 examinations made of 7,299 samples of milk and dairy products, water, sea food, canned foods and miscellaneous materials representing decreases in comparison with work done in 1946 of 5 per cent in examinations and 4 per cent in samples.

Assistance was given to the Bureau of Sewers as part of a study of the discharge of sewage effluent into Back River. In the period from April 22 to September 15, a total of 181 samples of river water was tested for coliform bacteria.

A change in water sampling procedures effected by the Sanitary Section resulted in an increase in the number of samples collected from the public drinking water supply. Beginning in February, all samples were collected on a random basis by census tracts. Previously, samples had been collected from fixed sampling stations.

Advance information indicates that the new edition of *Standard Methods for the Examination of Dairy Products*, to be published by the American Public Health Association in 1948, will recommend the use of either 35° centigrade or 32° centigrade as temperatures of incubation for agar plates used in making bacterial counts. The use of either temperature will be on an optional basis. Because of this, and inasmuch as it has been found that gonococci and other pathogenic bacteria grow better at 35° centigrade than they do at 37° centigrade, it was decided to change the temperature of incubation from 37° to 35° centigrade. This was done on October 15 and all milk and dairy product bacterial counts reported since have been made on this basis.

### *Chemistry*

With a more stabilized personnel the Division of Chemistry made 27,615 examinations of 10,297 samples submitted principally by the bureaus of the Sanitary Section. These figures represent increases of 7.4 per cent in examinations and 11.2 per cent in samples when compared with 1946. Activities were concerned chiefly with examination of milk and dairy

products, food products, industrial hygiene and occupational disease samples.

An increase of 35 per cent occurred in the number of samples of milk, cream, chocolate milk and ice cream tested with 7,490 samples examined in 1947. As in 1946, approximately 3 per cent of the samples failed to meet the chemical standards required by regulation, especially in relation to butterfat deficiency and excessive sediment. Only 3 instances of improper pasteurization of bottled milk were noted in the examination by the phosphatase test of 5,007 samples. Five such instances were recorded in 1946. The total number of samples tested by this procedure represents an increase of 11.6 per cent.

Microanalyses for filth were made on 750 samples of miscellaneous types of food submitted by the Bureau of Food Control. Such filth as rodent hairs, rodent excreta, insects and insect fragments was found in 42 per cent of the 587 samples collected from bakeries, confectioners and miscellaneous food establishments.

Seventeen hospitals and 52 private physicians submitted 350 specimens of blood from 169 adults and 78 children for lead determination in the diagnosis of lead poisoning. Abnormal amounts of lead were detected in specimens from 34 adults, 13 of whom were occupied in ship scrapping, and from 22 children. Three of the latter died of lead poisoning.

Investigations of industrial hazards included the testing of 90 air samples collected in connection with such activities as paint manufacture, solder grinding, shooting gallery operation, dedrossing of type metal, sanding of bronze, pouring leaded brass, salvage of scrap metal, lead arsenate production and the manufacture of cans. One hundred and four additional samples of air, dusts and solvents submitted by the Division of Industrial Hygiene were examined for hazardous chemicals such as lead, benzol, cyanide, free silica, chlorinated hydrocarbons, pentachlorophenol and chromic acid.

After-hour emergency consulting service was given by the Chief of the Division of Chemistry to the medical staffs of a number of hospitals. Eleven emergency telephone calls were received concerning the composition of materials accidentally swallowed by young children. Among the substances involved were turpentine, floor polish, disinfectant tablets, poisoned grain and other rodenticides, paint remover, fly spray and hair curling solution.

### Biologicals

Demands for antitoxins, vaccines, sera and other biologicals decreased in 1947. There were 27,356 packages distributed which was a 27 per cent decrease below 1946. Requests for diphtheria antitoxin decreased from

62,058,000 units in 1946 to 21,180,000 units in 1947, a decrease of 40,878,000 units. There were 3,508 c.c. less alum-precipitated diphtheria toxoid given out. This was more than offset by the increase of 14,430 c.c. of diphtheria toxoid combined with pertussis vaccine. The total amount of combined and uncombined toxoid distributed involved 70,381 c.c.

#### *Endemic Typhus Vaccine*

This biological was made available early in the year as an aid in controlling the outbreak of murine typhus. A total of 1,184 c.c. was distributed to private physicians and to the Bureau of Communicable Diseases.

#### *Botulinus Antitoxin*

Ten packages of combined types A and B botulinus antitoxin were supplied to the Johns Hopkins Hospital in January for treating cases of botulism that originated outside of the city.

#### *Smallpox Vaccine*

As a result of the publicity given to the outbreak of smallpox that occurred in New York City in March, a marked increase was experienced in requests for smallpox vaccine. In 1947, a total of 46,690 tubes of this biological was distributed representing an increase of 17,030 tubes over 1946.

#### *Other Biologicals*

A total of 229 cases or 2,748 units of Army surplus dried blood plasma was distributed to local hospitals. This amount was 110 cases or 1,320 units less than the amount withdrawn in 1946. Dried blood plasma is provided by the American Red Cross for free distribution to hospitals and physicians.

Increased demands were noted for tetanus toxoid, silver nitrate solution, penicillin, Rocky Mountain spotted fever vaccine, antipertussis rabbit serum and typhoid vaccine. Decreases were recorded in the amount of immune serum globulin and Type B Hemophilus influenzae serum withdrawn.

### **Special Investigations**

A very fortunate opportunity was presented when arrangements were made in the latter part of the year for the bureau to participate in a survey of spinal fluid laboratory procedures. This study began on November 3 when the first specimens of fluid were received from the Johns Hopkins Hospital Wassermann Laboratory. Other laboratories collaborating were the U. S. Public Health Service Venereal Disease Research Laboratories,

the laboratories of the Maryland State Department of Health and the private laboratory of Dr. Joseph E. Moore. Portions of specimens were submitted to each of the five participants and the tests made included the following: Colloidal mastic, complement fixation, flocculation and total protein. By the end of the year, 15 specimens had been tested.

Additional studies were made of the organism isolated from milk in 1942 by T. C. Buck, Jr., assistant director. In spite of all efforts made by Mr. Buck, he was unable to demonstrate that the organism, which he tentatively classified as *Lactobacillus enzymothermophilus*, produces spores. Results of his investigations were presented at the 47th General Meeting of the Society of American Bacteriologists held in Philadelphia in May.

Further studies of the problems relating to gonococcus culturing were made. The assistant director participated in an evaluation study of various gonococcus culture media which was conducted in July at the University of Pennsylvania in Philadelphia. Eleven bacteriologists representing public health laboratories and universities in different parts of the country collaborated in this investigation. Twelve different culture media were used in the study in the examination of material from 221 suspected cases of gonorrhea. A total of 2,652 platings was made and results indicated that several media were excellent. Only three were considered entirely unsatisfactory. Dr. Charles M. Carpenter presented results of the study at the 75th Annual Meeting of the American Public Health Association at Atlantic City in October.

The bureau also collaborated with Dr. Carpenter in a study to determine the sensitivity of various strains of the gonococcus to penicillin *in vitro*. Part of the study involved a search for penicillin-resistant strains of gonococci. Twenty-six cultures of gonococci isolated from routine work were obtained in pure culture, checked biologically and forwarded to the University of Rochester.

Other studies included: The determination of paper fibers in trade waste discharges, the fluoride content of tap water, the sensitivity of Robert's reagent used in the testing of urine for albumin, estimation of chlorinated hydrocarbons in air, the role of serum and red cells as carriers of lead in blood, determination of hydrogen peroxide in milk, spectrophotometric identification of food dyes, and devising and constructing a thermostatically controlled constant temperature water bath for checking the accuracy of thermometers used by milk inspection personnel.

### Personnel

C. Leroy Ewing, Director  
Theodore C. Buck, Jr., Assistant Director  
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry  
Katherine E. Welsh, Principal Bacteriologist

Elise Dudley, Senior Bacteriologist  
Mabel E. Girton, Senior Bacteriologist  
Katherine Shea, Senior Bacteriologist  
Rudolpha Turner, Senior Bacteriologist  
Mayer Weinblatt, Senior Analytical Chemist  
Mary McManus, Junior Bacteriologist  
Melissa P. Mann, Junior Bacteriologist  
Evelyn Medwedeff, Junior Bacteriologist  
Ruth Sullivan, Junior Bacteriologist  
Byrd G. Wenke, Junior Bacteriologist  
Robert Shaull, Junior Chemist  
Mary Margaret Brockman, Laboratory Assistant  
Nadine A. George, Laboratory Assistant  
Doris Ann Miller, Laboratory Assistant  
Mary M. Moran, Laboratory Assistant  
Thomas Rainer, Laboratory Assistant  
Harry L. Carman, Principal Clerk  
John A. Wheeler, Principal Clerk  
Kathryn H. Hiltner, Senior Stenographer  
Frieda Ernst, Senior Clerk  
Laura B. Grim, Senior Clerk  
Marie R. Guckert, Senior Clerk  
M. J. Doonan, Senior Storekeeper  
Helen Hughes, Senior Typist  
Walter C. Wilson, Stockhandler  
Warren Barnes, Chauffeur  
Raymond Buettner, Laborer  
Thomas H. Hale, Laborer  
George H. Johnson, Laborer  
Michael Madigan, Laborer  
Louis Svatora, Laborer



TABLE NO. 1  
SPECIMENS SUBMITTED AND THE NUMBER OF LABORATORY PROCEDURES  
PERFORMED FOR EACH TYPE OF SPECIMEN

TYPE OF SPECIMEN AND TEST	NUMBER OF SPECIMENS	NUMBER OF TESTS
Total.....	138,644	192,576
Animal heads.....	53	
Animal inoculation.....	..	50
Microscopic.....	..	1,126
Bile.....	1	
Culture.....	..	..
Blood.....	110,998	
Agglutination.....	..	7,854
Culture.....	..	4,762
Microscopic.....	..	134
Serologic.....	..	130,573
Direct culture.....	8,084	
Agglutination.....	..	67
Animal inoculation.....	..	773
Culture.....	..	10,516
Microscopic.....	..	7,894
Feces.....	1,025	
Culture.....	..	4,261
Microscopic.....	..	1,895
Fluid (chest, knee, etc.).....	298	
Animal inoculation.....	..	46
Culture.....	..	307
Microscopic.....	..	596
Helminths.....	31	
Microscopic.....	..	34
Pus.....	8,507	
Animal inoculation.....	..	1
Culture.....	..	9
Microscopic.....	..	8,536
Serum.....	4	
Microscopic.....	..	..
Spinal fluid.....	1,883	
Animal inoculation.....	..	3
Culture.....	..	13
Microscopic.....	..	27
Serologic.....	..	5,316
Sputum.....	7,646	
Animal inoculation.....	..	34
Culture.....	..	257
Microscopic.....	..	7,016
Urine.....	114	
Animal inoculation.....	..	32
Culture.....	..	239
Microscopic.....	..	203

TABLE NO 2  
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF  
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
Total.....	172,538	55,806	111,313	3,279	2,140
<b>BRUCELLOSIS</b>					
Blood, agglutination.....	1,196	22	1,116	8	..
<b>DIPHTHERIA</b>					
Total.....	3,531	1,320	2,116	..	50
Animal inoculation					
Virulence test.....	774	209	565	..	..
Microscopic					
Diagnostic.....	1,023	255	745	..	23
Institution.....	327	265	59	..	3
Release.....	1,407	591	792	..	24
<b>ENTERIC INFECTIONS</b>					
Total.....	6,005	395	5,300	305	5
Agglutination					
Blood, H antigen.....	2,387	275	1,669	243	..
Blood, O antigen.....	1,274	39	1,173	62	..
Culture					
Bile.....	1	..	..	..	1
Blood.....	131	8	122	..	1
Blood clot.....	1,176	7	1,169	..	..
Feces.....	1,015	58	955	..	2
Spinal fluid.....	1	1	..	..	..
Urine.....	20	7	11	..	2
<b>GONOCOCCUS INFECTIONS</b>					
Total.....	13,576	4,956	7,457	875	288
Culture					
Exudate.....	5,230	1,935	3,247	..	48
Microscopic					
Exudate.....	8,346	3,021	4,210	875	240
<b>INFECTIOUS MONONUCLEOSIS</b>					
Blood, agglutination.....	558	347	36	169	6
<b>INTESTINAL PARASITES</b>					
Total.....	501	38	443	..	20
Microscopic					
Feces.....	471	32	420	..	19
Worms.....	30	6	23	..	1
<b>LEPTOSPIROSIS</b>					
Total.....	34	2	30	2	..
Agglutination					
Blood					
<i>L. canicola</i> .....	17	1	16	..	..
<i>L. icterohemorrhagiae</i> .....	17	1	14	2	..
<b>MALARIA</b>					
Blood, microscopic.....	43	4	38	..	1
<b>MENINGITIS</b>					
Spinal fluid, culture.....	1	1	..	..	..

TABLE NO. 2—Continued  
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF  
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
<b>METALLIC POISONING</b>					
Total.....	360	84	195	73	8
Biochemic					
Lead					
Blood.....	342	78	184	73	7
Spinal fluid.....	1	..	..	..	1
Urine.....	8	4	4	..	..
Arsenic					
Blood.....	2	1	1	..	..
Hair.....	1	..	1	..	..
Urine.....	6	1	5	..	..
<b>PNEUMONIA</b>					
Sputum, microscopic.....	3	2	1	..	..
<b>RABIES</b>					
Total.....	100	2	96	2	..
Animal inoculation					
Brain emulsion.....	47	..	47	..	..
Microscopic					
Animal brain.....	53	2	49	2	..
<b>STREPTOCOCCUS INFECTIONS</b>					
Total.....	39	5	34	..	..
Culture					
Exudate.....	3	1	2	..	..
Swab.....	36	4	32	..	..
<b>SYPHILIS</b>					
Total.....	135,562	47,028	86,150	1,665	719
Biochemic					
Globulin.....	1,800	225	1,562	..	13
Gum mastic.....	1,749	193	1,543	..	13
Complement-fixation					
Eagle					
Blood.....	873	255	485	133	..
Spinal fluid.....	1,767	149	1,439	102	77
Flocculation					
Eagle					
Blood.....	108,894	27,780	79,808	694	612
Hinton					
Blood.....	483	152	228	103	..
Kahn standard					
Blood.....	347	83	185	79	..
Kline diagnostic					
Blood.....	928	276	468	184	..
Kline exclusion					
Blood.....	475	239	151	85	..
Mazzini					
Blood.....	927	361	281	285	..
Microscopic					
Dark field.....	4	..	..	..	4
Titre.....	17,315	17,315	..	..	..

TABLE NO. 2—Concluded  
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF  
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
<b>TUBERCULOSIS</b>					
Total.....	8,024	1,335	5,509	142	1,038
Animal inoculation					
Exudate.....	80	22	57	..	1
Sputum.....	33	19	12	..	2
Urine.....	23	..	23	..	..
Culture					
Exudate.....	29	7	19	..	3
Sputum.....	83	25	52	..	6
Stomach lavage.....	110	9	86	..	15
Urine.....	21	1	4	..	16
Microscopic					
Exudate.....	67	3	58	..	6
Sputum.....	7,481	1,244	5,108	142	987
Stomach lavage.....	63	3	60	..	..
Urine.....	32	2	28	..	2
<b>TULAREMIA</b>					
Total.....	235	13	220	3	..
Agglutination					
Blood.....	235	13	220	3	..
<b>TYPHUS GROUP</b>					
Total.....	2,505	79	2,390	34	2
Agglutination					
Blood					
Proteus OX <sub>3</sub> .....	1,080	8	1,052	20	..
Proteus OX <sub>19</sub> .....	1,080	21	1,047	12	..
Complement-fixation (blood).....	345	50	291	2	2
<b>VINCENT'S INFECTION</b>					
Exudate, microscopic.....	31	20	10	1	..
<b>OTHER EXAMINATIONS</b>					
Total.....	234	154	78	..	2
Biochemic.....	1	..	1	..	..
Culture.....	63	55	7	..	1
Microscopic.....	137	94	42	..	1
Serologic Rocky Mountain spotted fever (complement-fixation).....	33	5	28	..	..

TABLE NO. 3  
CLASSIFICATION OF AGGLUTINATION AND BACTERIOLOGIC TESTS FOR  
ENTERIC ORGANISMS

AGGLUTINATION TESTS					
Organisms	Total	Positive	Negative	Doubtful	Unsatisfactory
Total agglutination tests.....	3,661	314	3,042	305	..
<i>Salmonella typhosa</i> .....	2,370	233	1,926	211	..
<i>Salmonella choleraesuis</i> .....	42	1	39	2	..
<i>S. paratyphi</i> and <i>schottmuelleri</i> .....	1,167	77	1,003	87	..
<i>Shigella dysenteriae</i> polyvalent.....	82	3	74	5	..
BACTERIOLOGIC TESTS					
Total tests.....	2,344				
Positive results.....	81				
<i>Alcaligenes faecalis</i> .....	4				
<i>Bacterium aerogenes</i> (type I)*.....	3				
<i>Bacterium coli</i> (type I)*.....	1				
<i>Diplococcus pneumoniae</i> (type I).....	1				
Douglas & Colebrook #3**.....	1				
Douglas & Colebrook #9**.....	1				
<i>Micrococcus epidermidis</i> .....	1				
<i>Micrococcus pyogenes</i> var. <i>albus</i> .....	1				
<i>Micrococcus pyogenes</i> var. <i>aureus</i> .....	1				
<i>Paracolon</i> **.....	1				
<i>Paracolon</i> (group IV)†.....	1				
<i>Proteus mirabilis</i> .....	1				
<i>Proteus morganii</i> .....	7				
<i>Salmonella abortusovis</i> .....	6				
<i>Salmonella choleraesuis</i> var. <i>Kunensdorf</i> .....	1				
<i>Salmonella enteritidis</i> .....	1				
<i>Salmonella</i> sp. (type Minnesota).....	1				
<i>Salmonella</i> sp. (type Panama).....	4				
<i>Salmonella typhimurium</i> .....	1				
<i>Salmonella typhosa</i> .....	29				
<i>Shigella alkalescens</i> .....	5				
<i>Streptococcus bovis</i> .....	1				
<i>Streptococcus salivarius</i> .....	1				
Unidentified <i>Shigella</i> .....	7				
Negative results.....	2,258				
Unsatisfactory results.....	5				

\* Nomenclature adopted from *The Bacteriological Grading of Milk*, British Medical Research Council, 1935.

\*\* Nomenclature adopted from *A System of Bacteriology*, British Medical Research Council, 1931.

† Nomenclature adopted from Schaub's tentative classification, 1947.

All others taken from *Bergey's Manual of Determinative Bacteriology*, Sixth Edition, 1943.

TABLE NO. 4  
BIOLOGICALS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
Total.....	27,356		
Botulinus antitoxin types A and B.....	10	Unit	100,000 units
Diphtheria biologicals			
Antitoxin.....	1,355	Unit	21,180,000 units
Toxin for Schick test.....	196	Test	1,960 tests
Toxin for Schick test control.....	196	Test	1,960 tests
Toxoid, alum precipitated.....	3,116	Cubic centimeter	31,161 c.c.
Toxoid, fluid.....	10	Cubic centimeter	300 c.c.
Conjunctival tests			
Horse serum.....	455	Test	3,640 tests
Rabbit serum.....	214	Test	1,712 tests
Influenza meningitis serum type B.....	140	Milligram	3,500 mgm.
Measles			
Immune serum globulin.....	215	Cubic centimeter	430 c.c.
Penicillin.....	4,402	Unit	1,171,700,000 units
Pertussis biologicals			
Pertussis vaccine and diphtheria toxoid combined.....	3,928	Cubic centimeter	39,280 c.c.
Immune serum (human).....	3	Cubic centimeter	60 c.c.
Antipertussis serum (rabbit).....	460	Cubic centimeter	1,840 c.c.
Plasma, human dried.....	229	Unit	2,748 units
Pneumococcus curative serum.....	10	Unit	200,000 units
Rocky Mountain spotted fever biologicals			
Vaccine, prophylactic.....	361	Cubic centimeter	1,444 c.c.
Scarlet fever biologicals			
Antitoxin.....	9	Unit	81,000 units
Antitoxin for Schuls-Charlton test.....	5	Test	5 tests
Toxin for Dick test.....	15	Test	165 tests
Toxin for permanent immunity.....	2	Skin test dose	1,574,650 s.t.d.
Silver nitrate solution, one per cent.....	332	Ampule	8,221 ampules
Smallpox vaccine.....	9,338	Tube	46,690 tubes
Tetanus biologicals			
Antitoxin.....	747	Unit	1,639,500 units
Toxoid, alum precipitated.....	212	Cubic centimeter	1,841 c.c.
Tuberculin products			
Koch's old.....	408	Cubic centimeter	2,040 c.c.
Patch test.....	326	Test	3,062 tests
Typhoid vaccine.....	323	Cubic centimeter	3,746 c.c.
Typhoid-paratyphoid vaccine.....	268	Cubic centimeter	3,194 c.c.
Typhus vaccine (endemic).....	66	Cubic centimeter	1,184 c.c.

TABLE NO. 5  
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units).....	1,145,925
Sterilized.....	588,571
Bottles.....	38,529
Petri Dishes.....	89,308
Pipettes.....	223,977
Tubes.....	230,086
Miscellaneous.....	6,671
Media prepared	
Liters.....	1,842
Bottles.....	6,241
Petri dishes.....	24,583
Tubes.....	66,148
Outfits	
Prepared.....	148,802
Distributed.....	147,446
Culture stations.....	2,404
Health districts.....	67,437
Laboratory.....	77,583
Water distilled (gallons).....	1,491

TABLE NO. 6  
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND  
EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Total.....	7,286	10,459
Cream, pasteurized (dairy, store, truck).....	446	
Plate count.....	..	446
Microscopic count.....	..	1
Cream, raw.....	3	
Plate count.....	..	3
Equipment for sterility (bottles).....	258	
Plate count.....	..	258
Food products.....	85	
Plate count.....	..	75
Microscopic count.....	..	2
Coliform count.....	..	12
Special tests.....	..	82
Food poisoning.....	32	
Culture tests.....	..	5
Plate count.....	..	15
Microscopic count.....	..	14
Special tests.....	..	89
Ice cream.....	613	
Plate count.....	..	613
Milk, pasteurized (dairy, store, truck).....	1,494	
Plate count.....	..	28
Coliform count.....	..	2,090
Milk, chocolate, pasteurized.....	281	
Plate count.....	..	281
Milk, raw (batch, certified, shipper).....	925	
Plate count.....	..	926
Microscopic count.....	..	168
Milk, condensed.....	22	
Plate count.....	..	22
Shellfish.....	1	
Coliform count.....	..	8
Swabbings from utensils and equipment.....	814	
Plate count.....	..	814
Water.....	2,310	
Plate count.....	..	593
Coliform count.....	..	3,269
Special tests.....	..	640

TABLE NO. 7  
 SAMPLES SUBMITTED FOR CHEMICAL ANALYSIS AND THE NUMBER OF  
 LABORATORY PROCEDURES PERFORMED FOR EACH TYPE OF SAMPLE

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Total.....	10,297*	27,615
Body fluids and excreta.....	1,098	
Lead test.....	..	1,080
Total protein.....	..	1,214
Unclassified biochemic tests.....	..	78
Dairy products (milk, cream, chocolate milk, ice cream).....	7,490	
Butterfat test.....	..	4,720
Refractive index (added water).....	..	438
Phosphatase test.....	..	10,676
Sediment test.....	..	1,107
Unclassified tests.....	..	1,326
Food products.....	750	
Filth test (rodent and insect infestation).....	..	1,874
Adulteration test.....	..	307
Decomposition tests.....	..	182
Unclassified tests.....	..	160
Miscellaneous samples (air, dusts, solvents, sterilizing solutions, etc.).....	242	
Industrial poison tests.....	..	814
Unclassified tests.....	..	705
Solutions and Outfits.....	299	
Unclassified tests.....	..	2,504
Water samples.....	418	
pH.....	..	303
Sanitary analysis.....	..	129

\* Of this number, 7,321 samples were submitted for chemical analysis only; the other 2,976 samples were submitted for bacteriologic and chemical analysis.





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**EASTERN HEALTH DISTRICT**

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## EASTERN HEALTH DISTRICT

Harry L. Chant, M.D., M.P.H.

*Health Officer*

The decline in reported cases of diphtheria noted during the last six months of 1946 continued throughout 1947. Twenty cases, one fatal, occurred in the district in 1947 as compared with 74 cases and 3 deaths in 1946. There was an unusual incidence of whooping cough during the year. A total of 508 cases was reported, with 74 cases occurring in August, the highest number for any month of the year.

The chest X-ray screening clinic admitted 5,383 persons for examination during the year. In this group, 26 persons were found to have previously undiscovered active pulmonary tuberculosis. The scope of this screening procedure was extended during the year to include eligible patients attending the prenatal clinics at the Hospital for the Women of Maryland, and several new groups of employees of business establishments, as well as contacts of tuberculosis cases residing in other districts of the city. Facilities for continuous screening of the population in this area have been augmented by the establishment of a small-film X-ray service for outpatients at the Johns Hopkins Hospital.

The venereal disease service conducted at the Somerset Health Center continued to be very active. The average monthly number of new admissions to the service was 129, a decrease of 11 per cent as compared with the number of new admissions for the previous year. The average clinic attendance was 62 patients. Two hundred and seven cases were referred to the Rapid Treatment Center at Baltimore City Hospitals or to other institutions for inpatient care. Contact investigations by the generalized public health nurses resulted in a good return of persons named for examination and treatment when indicated.

The Bureau of Tuberculosis of the City Health Department, in cooperation with the Harriet Lane Home tuberculosis clinic of the Johns Hopkins Hospital, conducted a study of the use of BCG vaccine in a group of children attending the child hygiene clinics in the district. The purpose of this study was to determine what technical difficulties, if any, might be encountered in the practical application of this procedure as a public health measure.

A study of the prophylaxis of syphilis with penicillin in beeswax and oil, planned as a cooperative undertaking between the U. S. Public Health Service and the Baltimore City Health Department Bureau of Venereal Diseases, was instituted at the Somerset Clinic in April.

A study of nutritional deficiency undertaken by the Department of Biochemistry of the Johns Hopkins School of Hygiene and Public Health in cooperation with the Eastern Health District was begun in the early part of the year. Children in the schools of the district who are found to be underweight or overweight in the routine school examination are referred to a nutrition clinic at the Eastern Health District for further study with reference to their growth curves, dietary history and regulation.

For the fifth time since the establishment of the Eastern Health District the population was surveyed during the summer months. This census information is being tabulated and should be available in 1948 for useful analysis of progress, and for future planning in regard to public health needs of the district.

#### *Student and Visitors Program*

A number of candidates for the degree of Master of Public Health at the Johns Hopkins School of Hygiene and Public Health received instruction in district administration at the Eastern Health District and were given opportunities to observe field and clinic activities. Senior medical students from the Johns Hopkins Medical School were assigned to the district for two mornings of observation. The district continued to serve as a teaching center for student nurses and for nurses recently assigned to work in the City Health Department.

A number of distinguished workers in the public health field who visited the City Health Department and the Johns Hopkins School of Hygiene and Public Health during the year were also guests of the district. Among the countries represented by these visitors were: Australia, Britain, Canada, China, Czechoslovakia, France, Iran, Italy, Palestine, the Philippine Islands and Sweden. Visitors from the United States came from California, Colorado, the District of Columbia, Illinois, Minnesota, New York, Pennsylvania and Virginia.

#### *Personnel*

Dr. Harry L. Chant became Health Officer of the district on January 1, succeeding Dr. C. Howe Eller who resigned on November 15, 1946. Dr. Konstantin Sparkuhl, Administrative Health Officer, was assigned to duty in the district on October 10.

#### **Personnel**

Harry L. Chant, M.D., M.P.H., Administrative Health Officer  
Konstantin Sparkuhl, M.D., M.P.H., Administrative Health Officer  
Hugh P. Hughes, M.D., Health Officer  
Ross C. Brooks, M.D., Medical Supervisor  
Winifred N. Palmer, M.S., Supervisor of Public Health Nursing

Mary I. Streckfus, Assistant Supervisor of Public Health Nursing  
Gertrude Boquist, B.S., Assistant Supervisor of Public Health Nursing  
Marjorie Kvarnes, B.S., Assistant Supervisor of Public Health Nursing  
Anne Poore, B.S., Assistant Supervisor of Public Health Nursing

*Public Health Nurses*

Julia Baker	Mary B. Lanahan
Josephine Barnett, B.A.	Sylvia Miller, B.S.
Ruth C. Bracken, B.A.	Grace P. Orr
Betty B. B. Chamberlain	Clara C. Plichta
Teresa M. Endres	Elizabeth Quinlin
Freda W. Fletcher	Lucretia Richter, B.A.
Mildred E. Foster	Wilda Snyder
Margaret Galbreath	Jean R. Stein, B.S.
Mildred L. Gambrill	Shirley V. Stockin, B.S.
Minnie B. Gooding	Maude C. Suter
Gladys Johnson	Marie T. Taneyhill
Ruth E. Jones	Peggy S. Ward
Elizabeth L. Kephart	Pearl W. Winston
Juanita W. King	Virginia L. Wolfe

Dorothy Shaw, Administrative Assistant  
Vivian Cohen, Junior Stenographer  
Emily Leeson, Junior Stenographer  
Regina Spear, Secretary  
Lorraine Livingston, Junior Typist  
William Richardson, Janitor

TABLE NO. 1  
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1947

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	3,098	1,745	1,353
Hospital.....	2,566	1,593	973
Home.....	532	152	380
Out-patient delivery service.....	1	1	..
Private physician.....	336	122	214
Midwife.....	195	29	166

TABLE NO. 2  
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES  
CLASSIFIED BY COLOR—EASTERN HEALTH DISTRICT, 1947

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,345	881	464
Whooping cough.....	..	..	..
Meningococcus meningitis.....	1	1	..
Diphtheria.....	1	1	..
Tuberculosis, all forms.....	112	33	79
Syphilis.....	23	6	17
Influenza.....	8	3	5
Other infectious diseases.....	5	3	2
Cancer.....	175	124	51
Acute rheumatic fever.....	3	2	1
Diabetes.....	41	36	5
Intracranial lesions of vascular origin.....	72	52	20
Diseases of the heart.....	441	340	101
Pneumonia, all forms.....	45	23	22
Diarrhea and enteritis.....	6	3	3
Appendicitis.....	4	4	..
Cirrhosis of the liver.....	19	16	3
Nephritis.....	112	62	50
Puerperal causes.....	9	2	7
Congenital malformations.....	26	18	8
Diseases of early infancy.....	58	36	22
Suicides.....	14	13	1
Homicides.....	20	3	17
Home accidents.....	30	21	9
Occupational accidents.....	4	2	2
Automobile accidents.....	10	7	3
Other accidental deaths.....	12	7	5
All other causes.....	94	63	31

TABLE NO. 3  
COMMUNICABLE DISEASES REPORTED IN THE  
EASTERN HEALTH DISTRICT—1947

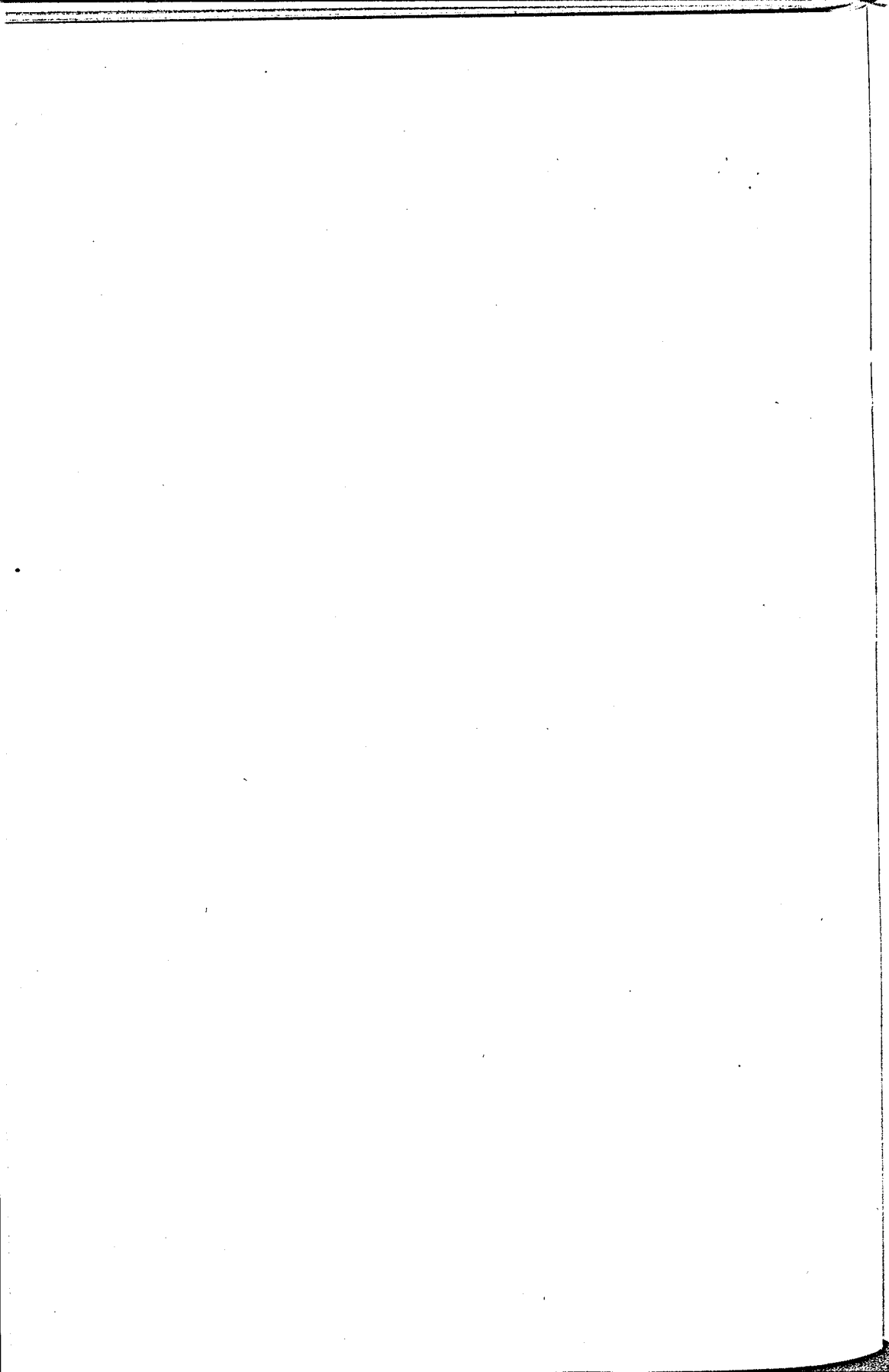
DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	4,100	882	3,218
Chickenpox.....	231	143	88
Diphtheria.....	20	10	10
German measles.....	12	7	5
Gonococcus infection.....	1,222	114	1,108
Influenza.....	19	12	7
Measles.....	23	10	13
Meningococcus meningitis.....	6	3	3
Mumps.....	133	59	74
Pneumonia, all forms.....	159	40	119
Poliomyelitis.....	2	2	..
Rheumatic fever.....	8	3	5
Scarlet fever.....	42	23	19
Syphilis.....	1,327	128	1,199
Tuberculosis, all forms.....	247	93	154
Typhoid fever.....	2	..	2
Whooping Cough.....	508	197	311
All others.....	134	38	96

TABLE NO. 4  
RESIDENTS OF THE EASTERN HEALTH DISTRICT RECORDED AS HAVING RECEIVED  
DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1947

AGE AT DATE OF INOCULATION	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	4,862	2,798	2,064	1,895	796	1,099
Under 1 year.....	2,592	1,711	881	1,395	612	783
1 year.....	402	182	220	244	88	156
2 years.....	165	74	91	94	35	59
3 years.....	213	97	116	73	28	45
4 years.....	208	111	95	44	19	25
5 years.....	510	288	222	24	5	19
6 years.....	388	220	168	17	5	12
7 years.....	84	35	49	2	2	..
8 years.....	78	18	60	..	..	..
9 years.....	68	12	56	1	1	..
10 years and over.....	156	50	106	1	1	..

\* Pertussis vaccine administered in combination with diphtheria toxoid.





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**WESTERN HEALTH DISTRICT**

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## WESTERN HEALTH DISTRICT

Alfred C. Moore, M.D.

*Health Officer*

Diphtheria was the most serious communicable disease problem in the district during the year, with a total of 41 cases and 1 death reported for 1947 compared with 109 cases and 9 deaths in the preceding year. In addition to urging diphtheria toxoid for infants, an intensive campaign was conducted to have every school child under twelve years of age who had received no toxoid inoculation since infancy receive a booster dose of toxoid. It is estimated that by the end of the year 95 per cent of the school children in the district under twelve years of age had received booster doses of diphtheria toxoid.

### *Tuberculosis Control*

The tuberculosis patch testing program for new pupils begun last year was continued in 1947 at School No. 34, Washington Boulevard and Carey Street. Seventy-six children were tested and five of these children reacted. These reactors and 15 familial contacts were examined in the municipal chest clinic, but no case of tuberculosis was found. In School No. 134 at Bush and Carroll Streets, all of the children were offered the patch test for the first time. Out of a total of 82 children tested 14 were reactors. These reactors and 38 of their familial contacts were examined in the municipal chest clinic with the discovery of 1 case of healed primary infection tuberculosis and 1 case of active pulmonary tuberculosis.

### *Ophthalmia Neonatorum*

The use of penicillin for the treatment of ophthalmia neonatorum was established as a routine nursing procedure in the district in March. The service was provided by the public health nurses for patients not under the care of a private physician and was available to physicians who requested the service for private patients. During the last ten months of 1947 the public health nurses made a total of 352 visits in the district in administering the penicillin treatment to 69 cases.

### *Miscellaneous Activities*

There was a total of 6,066 packages of biological products and 33,437 laboratory diagnostic outfits distributed to physicians and hospitals from the health district office during the year. Public health educational

activities were conducted during the year for persons living in the district and for staff personnel. Health talks were given to lay and medical groups, news articles on health topics were submitted to a neighborhood paper, and 2,855 Health Department publications were distributed. After a lapse of several years, public health affiliation of student nurses with the district was resumed in February when students from University, Franklin Square and St. Joseph's Hospitals reported to the district. Members of the senior class of the University of Maryland Medical School visited the health district to prepare their "Home Survey Reports" on selected patients. Conferences and discussions were conducted for the staff nurses of the district.

### Personnel

Alfred C. Moore, M.D., Administrative Health Officer  
Gilbert E. Rudman, M.D., Medical Investigator  
Anna Persch, Supervisor of Public Health Nursing  
Henrietta Gintling, Supervisor of Public Health Nursing

#### *Public Health Nurses*

Mary J. Amos	Mary C. Malone
Irene T. Barnhill	Beulah B. McCausland
Adele C. Berger	Gladys I. Miller
Theresa M. Byrne	Elizabeth A. Moore
Ethelyn B. Dever	Cecelia B. Nossell
Dorothy M. Eckenrode	Ruth B. Pyle
Grace W. Gorski	Dorothy E. Schwartz
Anne L. Hutton	Florence H. Tarr
	Elinor W. Wells

Ann Frieda Gullan, Junior Stenographer  
Marilyn Vein, Junior Stenographer

TABLE NO. 1  
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT\*—1947

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	5,219	1,818	3,401
Hospital.....	3,562	1,508	2,054
Home.....	1,657	310	1,347
Out-patient delivery service.....	691	14	677
Private physician.....	706	281	425
Midwife.....	260	15	245

\* Including Druid Health Center.

TABLE NO. 2  
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES  
CLASSIFIED BY COLOR—WESTERN HEALTH DISTRICT\*—1947

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	2,802	1,012	1,790
Whooping cough.....	5	2	3
Meningococcus meningitis.....	2	1	1
Diphtheria.....	1	..	1
Tuberculosis, all forms.....	326	65	261
Syphilis.....	94	14	80
Influenza.....	12	2	10
Other infectious diseases.....	7	3	4
Cancer.....	253	131	152
Acute rheumatic fever.....	5	..	5
Diabetes.....	51	23	23
Intracranial lesions of vascular origin.....	194	61	133
Diseases of the heart.....	787	362	425
Pneumonia, all forms.....	131	36	95
Diarrhea and enteritis.....	13	7	6
Appendicitis.....	8	3	5
Cirrhosis of the liver.....	27	8	19
Nephritis.....	257	68	189
Puerperal causes.....	8	1	7
Congenital malformations.....	34	21	13
Diseases of early infancy.....	132	33	99
Suicides.....	22	17	5
Homicides.....	46	2	44
Home accidents.....	50	24	26
Occupational accidents.....	8	1	7
Automobile accidents.....	35	19	16
Other accidental deaths.....	39	15	24
All other causes.....	225	88	137

\* Including Druid Health Center.

TABLE NO. 3  
COMMUNICABLE DISEASES REPORTED IN THE  
WESTERN HEALTH DISTRICT\*—1947

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	7,708	1,387	6,321
Chickenpox.....	329	80	249
Diphtheria.....	41	31	10
German measles.....	4	3	1
Gonococcus infection.....	2,696	322	2,374
Influenza.....	37	19	18
Measles.....	79	13	66
Meningococcus meningitis.....	8	6	2
Mumps.....	120	82	38
Pneumonia, all forms.....	190	45	145
Polioomyelitis.....	2	..	2
Rheumatic fever.....	13	3	10
Scarlet fever.....	44	21	23
Syphilis.....	2,566	353	2,213
Tuberculosis, all forms.....	547	144	403
Typhoid fever.....	4	1	3
Whooping cough.....	851	219	632
All others.....	177	45	132

\* Including Druid Health Center.

TABLE NO. 4  
RESIDENTS OF THE WESTERN HEALTH DISTRICT\* RECORDED AS HAVING RECEIVED  
DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1947

AGE AT DATE OF INOCULATION	DIPHTHERIA TOXOID			PERTUSSIS VACCINE†		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	13,195	3,352	9,843	2,967	652	2,315
Under 1 year.....	3,139	972	2,167	2,284	429	1,855
1 year.....	643	179	464	379	112	267
2 years.....	282	80	202	146	53	93
3 years.....	260	83	177	91	33	58
4 years.....	344	106	238	29	13	16
5 years.....	1,300	269	1,031	24	7	17
6 years.....	1,254	273	981	11	4	7
7 years.....	936	127	809	2	1	1
8 years.....	1,058	181	877	..	..	..
9 years.....	1,357	351	1,006	..	..	..
10 years and over.....	2,616	728	1,888	..	..	..
Age unspecified.....	6	3	3	1	..	1

\* Including Druid Health Center.

† Pertussis vaccine administered in combination with diphtheria toxoid.

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**DRUID HEALTH CENTER**

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## DRUID HEALTH CENTER

H. Macco Williams, M.D., M.P.H.

### *Health Officer*

Several changes were made in the Health Department clinics at the Druid Health Center in 1947. At the beginning of the year another session of the well baby clinic was established, making two clinics weekly. The adult syphilis clinics, formerly designated by numbers, were divided into adult male and female clinics. A total of twenty-six weekly clinic sessions was held as follows: Adult venereal diseases, 12; congenital syphilis, 3; prenatal, 4; chest, 5 and well baby, 2. There was a decrease in clinic attendance at the adult venereal disease clinics as compared with that in 1946. A total of 32,648 visits was made in 1947. The decrease was due largely to the fact that cases of gonorrhea and their follow-up studies were referred to the Calvert Street Clinic where penicillin was largely employed. The congenital syphilis clinic showed an increase of nearly 100 clinic visits as compared with the previous year. There was a clinic attendance of 1,445 at the well baby clinics as compared with a little over 900 in 1946. The chest clinic had an attendance of nearly 8,000 which was more than the attendance of last year. This included the routine X-ray service given to patients attending the prenatal clinic. It is hoped that such X-ray facilities will soon be offered to the patients attending the adult venereal disease clinics. The prenatal clinic showed an attendance of 4,294 as compared with 3,605 in the previous year.

The use of argyrol was discontinued in the treatment of ophthalmia neonatorum and penicillin was used in its stead. The nutritionist of the Health Department interviewed patients attending the prenatal clinic and gave valuable instruction to them. A step forward in the diagnosis of gonorrhea was made since cultures are now being done on the patients attending the venereal disease clinics. During the fall an intensive effort was made to give booster doses of toxoid to school children up to the age of twelve who had received no booster inoculation. As a result, in the last four months of the year over 7,000 children were given additional protection against diphtheria. Following a series of talks to occupational and shop center children in the elementary schools, blood tests were done on many and several cases of venereal infection were discovered and referred for treatment.

As has been the custom for the past few years the Druid Health Center in 1947 housed a clinic conducted by the Mental Hygiene Board of Mary-

land. The Instructive Visiting Nurse Association discontinued using the Druid Health Center for the headquarters of some of its nurses. The Monumental City Medical Society continued to conduct its regular monthly meetings in the auditorium at the Center. The Maryland Dental Association had several meetings in the Center during the year while the Negro Health Week Committee maintained its headquarters as it has done since the establishment of the Druid Health Center. At various times during the year, boy scouts, school children, student nurses from several hospitals, and several civic groups met at the Center to conduct meetings or to receive health instruction. The senior student nurses from Provident Hospital were given a course of two months as a part of their affiliation with the City Health Department. During the month of June the Maryland Medical Association utilized the building for its annual convention.

### Personnel

H. Maceo Williams, M.D., M.P.H., Administrative Health Officer  
 James B. Hawkins, M.D., Health Officer  
 George F. Phillips, M.D., Medical Investigator  
 Dorothea E. Tag, Supervisor of Public Health Nursing  
 Grace Volmar, Supervisor of Public Health Nursing

### *Public Health Nurses*

Mary T. Brown	Irene S. Kyler
Olga M. Chambers	Erdie E. LeCator
Juanita E. Conway	Celia E. Livingston
Minnie Leah Corbin	Margaret L. Lockerman
Dorothy W. Davis	Vivian R. Pendleton
Credella Finney	Cornelia Phillips
Katie W. Fernandis	Agnes C. Pilgrim
Joyce V. Gilliam	Florence E. Roberts
Margaret S. Harper	Elnora Robinson
Anita D. Keller Henson	Lilyan F. Slater
Ella T. Hughes	Eleanora S. Willis
Mamie Johnson	Mathilda E. Young

• Lauline B. Ball, Junior Stenographer  
 Vivian W. Roberts, Junior Stenographer  
 William B. Lucas, Janitor  
 Bernard A. Smith, Janitor  
 Ethel Clark, Janitress  
 William Chavis, Elevator Operator

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**SOUTHEASTERN HEALTH DISTRICT**

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## SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

### *Health Officer*

A very marked decrease in the incidence of diphtheria occurred in 1947 with 31 cases and 1 death reported as compared with 71 cases and 2 deaths in 1946. However, all the measures inaugurated in the past three years for the prevention of this disease were continued and intensified with a special program in November to have all school children in the district who had not had a booster dose of toxoid receive this additional protective inoculation. A total of 470 such doses was given in the last two months of the year.

### *Well Baby Clinics*

The annual transfer to the City Health Department of the last well baby clinic in the district operated by the Babies Milk Fund Association was effected on January 1 when the clinic at 268 S. Highland Avenue was taken over by the Southeastern Health District. On the same date the Department well baby clinic at 401 N. Highland Avenue was transferred to 268 S. Highland Avenue.

### *Miscellaneous Activities*

In May the district health officer became an associate member of the Guide Advisory Board, organized by the editorial staff of *The Guide*, a community newspaper, for the purpose of generally improving the health and welfare facilities of east and southeast Baltimore. The board is composed of lay and professional representatives of institutions and agencies in these areas and holds monthly meetings. At its June session held at the International Center, 26 S. Broadway, the district health officer gave a talk on district health problems.

Two new procedures in the more effective control of communicable diseases were established in the district. On January 22, the program of the Bureau of School Hygiene for the DDT treatment of pediculosis capitis in school children was started by the public health nurses and on March 1 the nurses began treating cases of ophthalmia neonatorum with penicillin. The first use of the Massachusetts Vision Test kit in the city's schools was made on an experimental basis in Public Schools No. 47, 215 and 230 early in the year. A special dental hygiene program consisting of daily talks, demonstrations and exhibits to pupils and the Parent-

Teacher Association of Public School No. 230 was conducted during the week of March 19 by the district nurse assigned to this school. An additional prenatal clinic for colored patients held on the second and fourth Wednesdays of each month was established on August 13 in the district quarters. Twenty-six expectant mothers registered in the prenatal clinics were given individual instruction in mothercraft.

Monthly staff educational conferences on review of medical and public health literature were started in October and lectures for the nursing staff on nutrition were continued each month by the Chief of the Division of Nutrition. The Assistant Director of the Bureau of Tuberculosis held monthly conferences with the staff nurses. As part of the Bureau of Public Health Nursing educational program the district nursing staff attended a series of seven weekly lectures on venereal diseases given by the Director of the Bureau of Venereal Diseases in May and June. During the summer the district nurses participated in the census survey conducted in the Eastern Health District. As in previous years, undergraduate nurses in affiliate instruction in public health nursing from the Union Memorial Hospital School of Nursing and the Dispensary Visiting Nurse Service of the Johns Hopkins Hospital visited the district for study and observation in child, maternity and school hygiene. For the sixth consecutive year the East Baltimore Medical Society held monthly meetings in the district building.

### Personnel

John A. Skladowsky, M.D., Administrative Health Officer  
Sigmund R. Nowak, M.D., Medical Investigator  
Ruth Collier, Supervisor of Public Health Nursing

#### *Public Health Nurses*

Ruth L. Bailey	Virginia S. Pendleton
Shirley M. Blumberg	Lucille Petrikin
Blanche C. Craig	Grace P. Ridgaway
Lena B. Dietzway	Rose Shenk
Audrey Eichhorn	Mae Stark
Mary E. Fleischmann	Alice C. Stevenson
Julia R. Hagenbuch	Muriel von Schwerdtner
Mary P. Hammett	Ida Louise Ward
Ida L. Lilly	Edith M. Woodson
Lyla F. Pardoe	Florence Zinz

Ray K. E. Forrest, Junior Stenographer  
Mary Kelmartin, Junior Stenographer  
Jerome N. Johnson, Janitor

TABLE NO. 1  
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1947

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORS
ALL BIRTHS.....	2,783	2,613	170
Hospital.....	2,446	2,325	121
Home.....	337	288	49
Out-patient delivery service.....	..	..	..
Private physician.....	240	205	35
Midwife.....	97	83	14

TABLE NO. 2  
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES  
CLASSIFIED BY COLOR—SOUTHEASTERN HEALTH DISTRICT—1947

CAUSE OF DEATH	TOTAL	WHITE	COLORS
ALL CAUSES.....	1,072	982	90
Whooping cough.....	..	..	..
Meningococcus meningitis.....	..	..	..
Diphtheria.....	1	1	..
Tuberculosis, all forms.....	70	57	13
Syphilis.....	16	9	7
Influenza.....	2	2	..
Other infectious diseases.....	4	4	..
Cancer.....	143	142	6
Acute rheumatic fever.....	2	1	1
Diabetes.....	32	30	2
Intracranial lesions of vascular origin.....	60	56	4
Diseases of the heart.....	344	327	17
Pneumonia, all forms.....	31	27	4
Diarrhea and enteritis.....	3	3	..
Appendicitis.....	4	4	..
Cirrhosis of the liver.....	22	22	..
Nephritis.....	60	56	4
Puerperal causes.....	4	3	1
Congenital malformations.....	9	8	1
Diseases of early infancy.....	49	47	2
Suicides.....	13	13	..
Homicides.....	8	6	2
Home accidents.....	22	18	4
Occupational accidents.....	12	10	2
Automobile accidents.....	25	18	7
Other accidental deaths.....	24	23	1
All other causes.....	107	95	12



TABLE NO. 3  
COMMUNICABLE DISEASES REPORTED IN THE  
SOUTHEASTERN HEALTH DISTRICT—1947

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	1,877	1,443	434
Chickenpox.....	244	233	11
Diphtheria.....	31	30	1
German measles.....	4	4	..
Gonococcus infections.....	298	156	142
Influenza.....	4	4	..
Measles.....	22	18	4
Meningococcus meningitis.....	4	4	..
Mumps.....	93	87	6
Pneumonia, all forms.....	60	44	16
Polio myelitis.....	2	1	1
Rheumatic fever.....	4	4	..
Scarlet fever.....	58	49	9
Syphilis.....	389	203	186
Tuberculosis, all forms.....	182	153	24
Typhoid fever.....	2	2	..
Whooping cough.....	432	415	17
All others.....	48	31	17

TABLE NO. 4  
RESIDENTS OF THE SOUTHEASTERN HEALTH DISTRICT RECORDED AS HAVING  
RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1947

AGE AT DATE OF INOCULATION	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	4,421	4,153	268	1,371	1,208	163
Under 1 year.....	2,180	2,045	135	1,013	888	125
1 year.....	277	244	33	153	137	16
2 years.....	140	123	17	55	45	10
3 years.....	158	151	7	49	47	2
4 years.....	245	232	13	46	43	3
5 years.....	511	499	12	34	33	1
6 years.....	418	394	24	14	11	3
7 years.....	102	96	6	2	1	1
8 years.....	92	88	4	1	..	1
9 years.....	62	54	8	1	1	..
10 years and over.....	235	226	9	2	1	1
Age unspecified.....	1	1	..	1	1	..

\* Pertussis vaccine administered in combination with diphtheria toxoid.

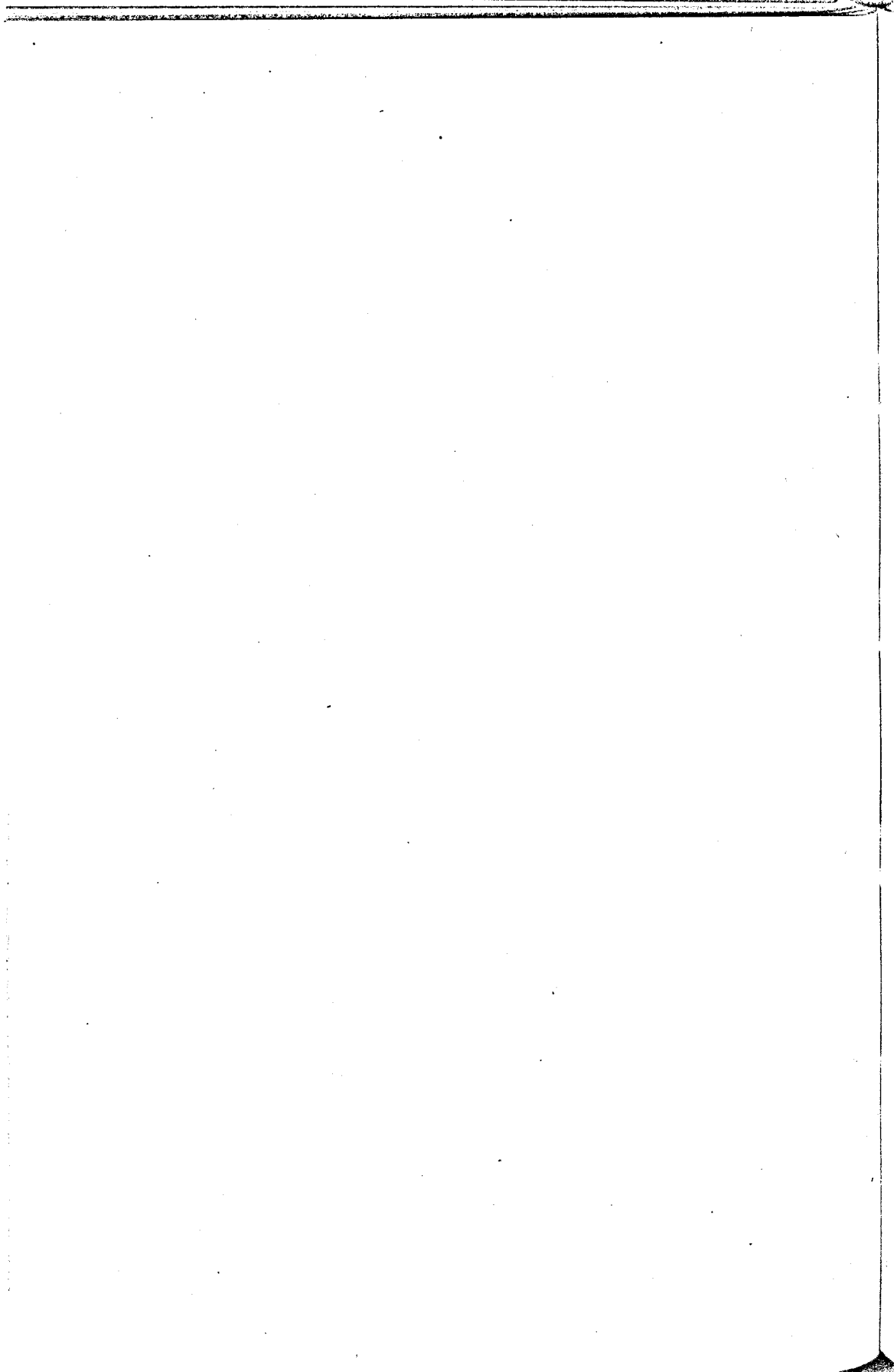
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**SYDENHAM HOSPITAL**

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## SYDENHAM HOSPITAL

Horace L. Hodes, M.D.

*Director of Medical Research*

During 1947 the management of Sydenham Hospital continued to be difficult because of the great shortage of nursing personnel. This shortage has persisted despite an increase in salary for nurses and a shortening of hours for the nursing staff. In addition, rising costs of material and supplies necessary for the operation of the hospital brought about financial problems of great magnitude. The cost of operating the hospital was also increased by the purchase of new drugs, such as penicillin and streptomycin, which greatly shorten the course of illness, but which add very greatly to the expense of operating the hospital. These problems are common in the present-day management of all hospitals and it does not seem likely that any great improvement will be experienced in the near future.

### *Poliomyelitis*

For the fourth successive year, a relatively large number of patients suffering from poliomyelitis was admitted to the hospital. A total of 72 patients with paralytic poliomyelitis was treated at the hospital. Of this number, 46 were admitted from the counties of Maryland. As in 1946, the majority of these patients were admitted in late September, October and early November.

During 1947 the treatment of poliomyelitis was not changed materially. The hospital staff has now reached the definite conclusion that the treatment of patients in the acute phase of poliomyelitis by hot packs and similar forms of physiotherapy does not appreciably alter the course of the disease. The observation first made in this hospital in 1941 that patients suffering from the bulbar form of poliomyelitis may be greatly benefited by tracheotomy was confirmed by the experience during 1947.

### *Diphtheria*

There was a marked decrease in the number of patients with diphtheria admitted to the hospital during 1947. One hundred and twenty such patients were treated as compared with 372 in 1946, a decrease of 252 patients. Despite the fact that 11 of these patients required tracheotomy for the relief of obstruction of the respiratory tract, only 4 of the 120 died. This represents a mortality rate of 4 per cent, which does not differ materially from that recorded at Sydenham Hospital during the preceding ten years.

*Admissions and Deaths*

The number of patients admitted to Sydenham Hospital during 1947 was 982, a decrease of 123 patients as compared with 1946. The principal diseases and the number of patients with each were as follows:

Diphtheria.....	120
Meningitis, all types.....	71
Poliomyelitis, paralytic.....	72
Whooping cough.....	240

The total number of deaths from all diseases in 1947 was 36, and the death rate was 3.7 per cent. This compares with a mortality rate of 4.7 during 1946 and 6.6 during 1945. Of the 36 patients who died during 1947, 12 died in less than twenty-four hours after admission to the hospital. A total of 27 autopsies was performed, representing 75 per cent of the total deaths.

*Research*

Certain fundamental researches dealing with changes in the circulatory system in diphtheria were begun during 1947. These studies included extensive electrocardiographic examinations, estimation of the plasma volume, cardiac output, oxygen saturation of the arterial blood and determination of the concentration of sodium, potassium and other electrolytes in the blood during the course of diphtheria. These studies provide a much clearer conception of the physiological changes which accompany collapse of the cardiovascular mechanism which occurs in patients seriously ill with diphtheria.

During the last few months of 1947 there was prepared in the Sydenham Hospital laboratory a filtrate from *S. typhosa* which neutralizes herpes virus. This filtrate causes a definite reduction in the lethal effect of the virus when inoculated intracerebrally or intra-abdominally in mice. Attempts to isolate the active substance or substances involved in this neutralization are under way.

**Personnel**

Myron G. Tull, M.D., M.P.H., Superintendent  
 Horace L. Hodes, M.D., Director of Medical Research  
 George S. Palmer, M.D., Resident Hospital Physician  
 Donald D. Cooper, M.D., Hospital Intern  
 Mary V. Shearer, Superintendent of Nurses  
 Katherine L. Muhly, Educational Director  
 Mary T. Cook, Special Supervising Nurse  
 Agatha M. Cook, Special Supervising Nurse  
 Mary V. Gleason, Supervising Nurse

Frances H. Shuford, Supervising Nurse  
 Pearl West, Supervising Nurse  
 Edwin Whittemore, Pharmacist  
 Helen D. Zepp, Principal Bacteriologist

*Charge Nurses*

Catherine Geppi	Jennie A. Schneider
Margaret L. Hofstetter	Bertha M. Toolan

*Graduate Nurses*

Margaret E. Abercrombie	Emma K. Oetgen
Sarah E. Fort	Gale F. Pence
Jessie P. Hodges	Juanita Powers
Teresa M. Lizer	Emma A. Reaves
	Winifred I. Woodford

M. Virginia Berger, Medical Stenographer  
 Edna E. Herget, Senior Clerk  
 Marie W. Lamley, Senior Clerk  
 Bertha M. Flanagan, Municipal Exchange Operator  
 Esther C. Haas, Municipal Exchange Operator  
 Lula N. Rocco, Municipal Exchange Operator  
 Lillian R. Dashiells, Telephone Branch Operator  
 Margaret R. Jackson, Telephone Branch Operator  
 Anna M. Parks, Telephone Branch Operator  
 Sylvester B. Allwell, Chief Engineer  
 Spence Spry, Shift Engineer  
 Joseph S. Lewis, Shift Engineer  
 Bradie P. Cole, Head Cook  
 James O. Fitzgerald, Cook  
 Bruce George, Cook  
 Henry Mather, Cook  
 Clarence W. Schroeder, Laundry Foreman

*Laundresses*

Mildred Auber	Pauline Hanson
Lynne B. Dunn	Hattie Keefer
Mamie Ernest	Cora Perryman
Julieanna Fanu	Nellie Weloff

Norman Albertson, Laundry Worker  
 Robert Perryman, Laundry Worker  
 Alice S. Montell, Housekeeper  
 Myrtle M. Eichelberger, Seamstress

*Hospital Workers*

Mary V. Barnes	Thomas Birmingham
Clarence Beall	Fanny A. Bragg
James Bellus	May A. Cathell

Clavella J. Cavin  
Blanche I. Coggin  
Katherine Coligny  
Juanita Cunningham  
Herbert F. Farrell  
Lawrence Gough  
Kenneth B. Hyder  
Aileen Johnson  
Joseph Lassiter  
Elaine P. Luby  
James H. Martin

Ignatius McKenna  
Howard Moffett  
Sally I. Norman  
William S. Parsons  
James H. Rhinehart  
Earl O. Ricketts  
Elizabeth V. Roehm  
George Turner  
Charles H. Twele  
William H. Vogel  
Alston Walton  
Freda Walker

George Nagy, Steam Fireman  
Frank X. Dorbert, Steam Fireman  
Lawrence R. Kapp, Oiler  
John W. Hayes, Oiler  
M. L. Harrington, Oiler  
Robert F. Marks, Oiler  
Hartman G. Carter, Chauffeur  
Melvin Creamer, Chauffeur  
George Ilgenfritz, Chauffeur  
Richard Vogel, Chauffeur  
Louis Thomas, Stock Handler  
Nathaniel M. Crow, Painter  
John W. Diller, Handy Man  
Paul L. Franklin, Gardener and Pruner  
Adam Helinski, Watchman

TABLE NO. 1  
HOSPITAL CENSUS

Patients in hospital at beginning of year.....	59
Patients in hospital at end of year.....	33
Maximum number of patients in hospital at one time.....	67
Minimum number of patients in hospital at one time.....	22
Total number of admissions.....	982
Daily average number of patients.....	43.6
Average number of days stay of patients:	
Diphtheria.....	27.3
Scarlet fever.....	8.7
Whooping cough.....	22.7
Poliomyelitis.....	16.5
Meningitis (all kinds).....	19.3



TABLE NO. 2  
ADMISSIONS, DEATHS AND DEATHS WITHIN 24 HOURS BY COLOR AND DIAGNOSIS

ADMISSION DIAGNOSIS	ADMISSIONS					DEATHS					DEATHS WITHIN 24 HOURS				
	TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY	
		Wh.	Col.	Wh.	Col.		Wh.	Col.	Wh.	Col.		Wh.	Col.	Wh.	Col.
TOTAL.....	982	498	271	186	27	36	17	10	8	1	12	8	2	1	1
Abscess, peritonsillar.....	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..
Adrenal Hyperplasia.....	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Appendicitis, acute.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Arthritis.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Asphyxia.....	1	..	1	..	..	1	..	1	..	..	..	..	..	..	..
Asthma.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis, acute.....	5	2	1	2	..	..	..	..	..	..	..	..	..	..	..
Burn.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Cellulitis.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Cervical cord, neoplasm.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Concussion.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Conjunctivitis.....	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Convulsions.....	3	..	2	1	..	1	..	1	..	..	1	..	1	..	..
Dermatitis.....	2	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Diarrhea.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria.....	120	76	21	20	3	4	4**	..	..	..	..	..	..	..	..
Diphtheris carrier.....	6	1	2	3	..	..	..	..	..	..	..	..	..	..	..
Dysentery.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Eczema.....	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..
Edema, angioneurotic.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Empysema.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Empyema.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Erysipelas.....	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Erythema, toxic.....	3	1	1	1	..	..	..	..	..	..	..	..	..	..	..
Exanthem subitum.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever, etiology unknown.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Hemiplegia.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Hemorrhage, cerebral.....	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Herpes, generalized.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Hysteria.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Impetigo.....	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza.....	4	3	..	1	..	..	..	..	..	..	..	..	..	..	..
Intoxication, alcoholic.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Laryngitis, acute.....	7	4	1	2	..	..	..	..	..	..	..	..	..	..	..
Laryngotracheitis, acute.....	11	6	2	3	..	..	..	..	..	..	..	..	..	..	..
Laryngotracheobronchitis, acute.....	9	8	..	1	..	2	2	..	..	..	1	1	..	..	..
Leprosy.....	1	..	..	1*	..	..	..	..	..	..	..	..	..	..	..
Leukemia.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Ludwig's angina.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Lymphadenitis.....	4	3	1	..	..	..	..	..	..	..	..	..	..	..	..
Lymphoblastoma.....	1	..	..	1	..	1	..	..	1	..	..	..	..	..	..
Measles.....	8	2	6	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, influenzal.....	12	5	3	4	..	..	..	..	..	..	..	..	..	..	..
Meningitis, meningococcus.....	19	11	3	5	..	3	2**	..	1	..	3	2	..	1	..
Meningococcemia.....	6	4	1	1	..	..	..	..	..	..	..	..	..	..	..
Meningitis, pneumococcus.....	13	5	3	3	2	2	1	1	..	..	1	1	..	..	..
Meningitis, staphylococcus.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Meningitis, streptococcus.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, syphilitic.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, tuberculous.....	8	1	4	3	..	7	..	4	3	..	..	..	..	..	..
Meningitis, type undetermined..	9	5	1	2	1	1	1	..	..	..	..	..	..	..	..

\* Out of State.

\*\* One admitted in 1946.

TABLE NO. 2—Continued  
ADMISSIONS, DEATHS AND DEATHS WITHIN 24 HOURS BY COLOR AND DIAGNOSIS

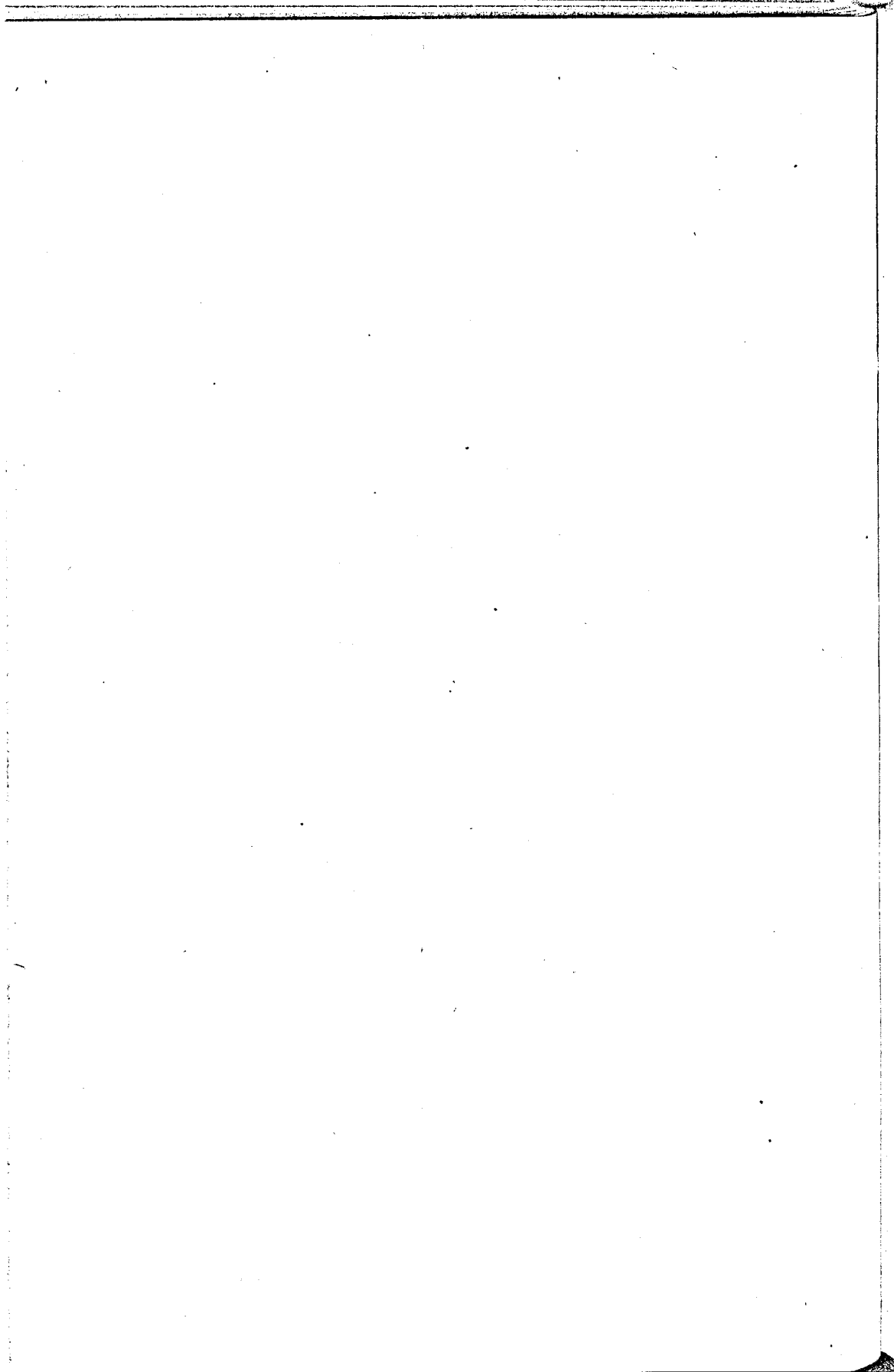
ADMISSION DIAGNOSIS	ADMISSIONS					DEATHS					DEATHS WITHIN 24 HOURS				
	TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY	
		Wh.	Col.	Wh.	Col.		Wh.	Col.	Wh.	Col.		Wh.	Col.	Wh.	Col.
Meningoencephalitis, rabies vaccine.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Mononucleosis, infectious.....	30	19	4	6	1	..	..	..	..	..	..	..	..	..	..
Mumps.....	17	7	6	3	1	..	..	..	..	..	..	..	..	..	..
Mumps meningoencephalitis.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Myositis, traumatic.....	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Nephritis.....	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Neurosis, anxiety.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Neuritis.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Neuronitis, infectious.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Newborn, normal.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
No disease.....	10	6	4	..	..	..	..	..	..	..	..	..	..	..	..
Oesophagus, stricture.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia, gonococcus.....	3	..	2	..	1	..	..	..	..	..	..	..	..	..	..
Orchitis, due to mumps.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Osteomyelitis.....	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Otitis media.....	5	4	1	..	..	..	..	..	..	..	..	..	..	..	..
Paraplegia, spastic, congenital...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pelvic inflammatory disease.....	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Pharyngitis, acute.....	38	21	11	6	..	..	..	..	..	..	..	..	..	..	..
Pharyngitis, streptococcus.....	19	13	3	3	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, broncho.....	16	7	8	..	1	1	..	1	..	..	..	..	..	..	..
Pneumonia, H. influenza.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, lobar.....	14	6	4	2	2	..	..	..	..	..	..	..	..	..	..
Pneumonia, pneumococcus.....	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, type undetermined.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis, paralytic.....	72	24	2	44	2	5	2	..	3	..	1	1	..	..	..
Poliomyelitis, nonparalytic.....	34	22	3	9	..	..	..	..	..	..	..	..	..	..	..
Pregnancy.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyoderma.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Rheumatic fever, acute.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Rhinitis, acute.....	3	1	..	2	..	..	..	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever..	5	2	..	3	..	1	1	..	..	..	1	1	..	..	..
Scabies.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever.....	23	15	6	2	..	..	..	..	..	..	..	..	..	..	..
Schizophrenia.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Serum sensitivity.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Sinusitis, acute.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Stomatitis.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis.....	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Tonsillitis, acute.....	42	21	19	1	1	..	..	..	..	..	..	..	..	..	..
Tonsillitis, streptococcus.....	16	9	6	1	..	..	..	..	..	..	..	..	..	..	..
Tracheobronchitis, acute.....	8	4	2	2	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis.....	8	2	4	..	2	1	..	..	..	1	1	..	..	..	1
Tumor, intracranial.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Tularemia.....	2	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Typhoid fever.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Varicella.....	31	13	9	9	..	..	..	..	..	..	..	..	..	..	..
Varicella encephalitis.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Vincent's angina.....	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough.....	240	108	106	20	6	6	4	2	..	..	3	2	1	..	..

TABLE NO. 3  
LABORATORY EXAMINATIONS

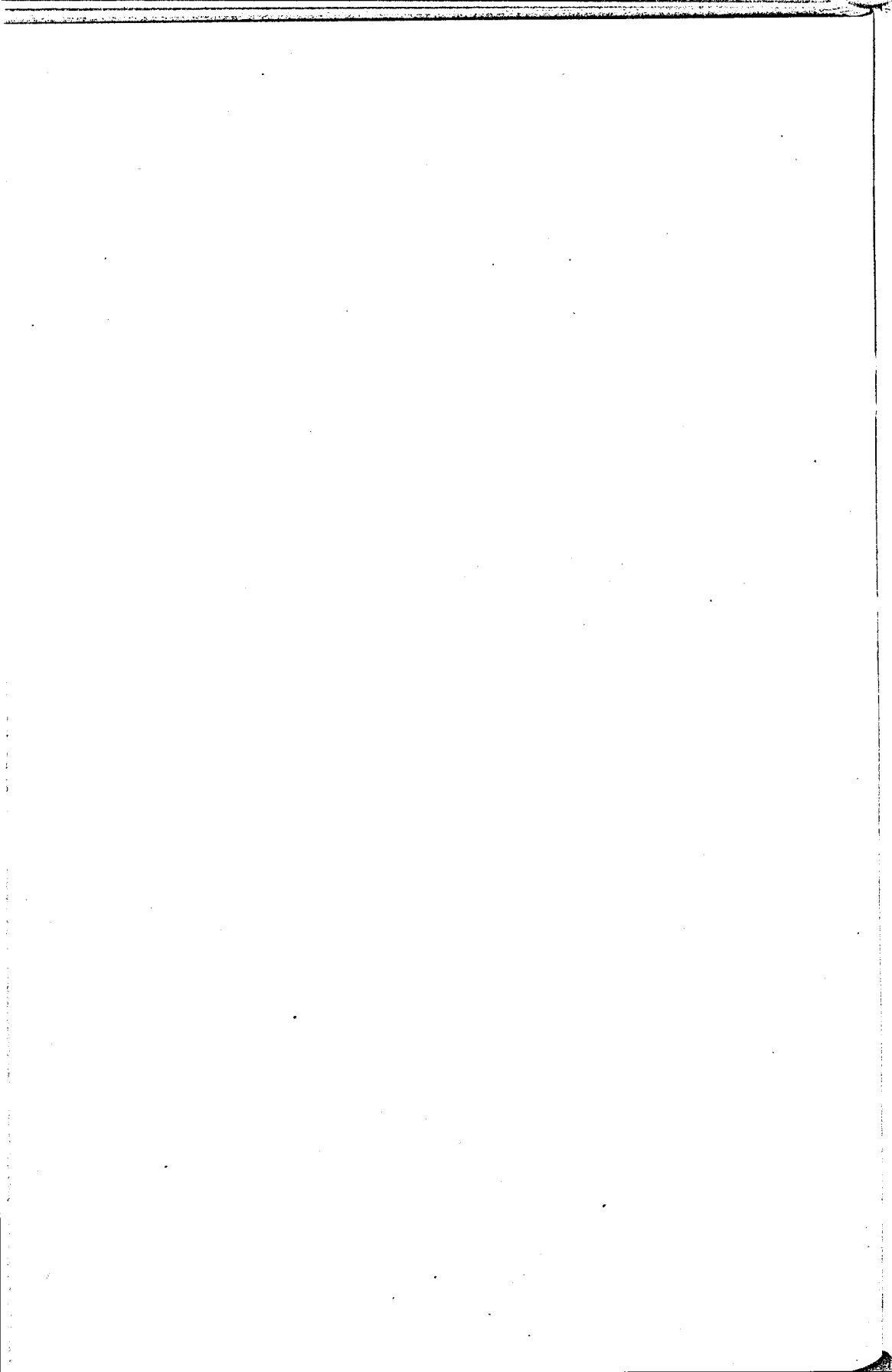
TOTAL.....	10,902
<b>CULTURES</b>	
Spinal Fluid.....	494
Urine.....	64
Blood.....	727
Nose and throat for K-L.....	3,331
Nasopharynx.....	582
Throat for streptococcus.....	892
Stool.....	136
Miscellaneous.....	171
<b>SMEARS</b>	
Spinal Fluid.....	510
Eye for G.C.....	9
Vincent's.....	1
<b>SEROLOGY</b>	
Agglutination.....	120
Patient's serum (Quellung).....	47
D.A.T. levels.....	27
<b>ANIMAL INOCULATION TESTS FOR DIAGNOSTIC PURPOSE</b>	
Guinea pigs for tuberculosis.....	11
Mice for isolation of virus from spinal fluid.....	1
<b>CHEMISTRY</b>	
Sulfathiazole.....	2
Sulfamerazine.....	10
Sulfadiazine.....	479
NPN.....	65
VandenBergh.....	20
Blood sugar.....	55
CSF sugar.....	10
CSF total protein.....	38
Serum chloride.....	17
PaBa level.....	19
Salicylate level.....	11
CO <sub>2</sub> c.p.....	31
Serum protein.....	8
Thymol turbidity.....	21
Serum protein partition.....	10
Serum-calcium.....	1
Serum-phosphorus.....	1
Spinal fluid chloride.....	1
<b>MISCELLANEOUS</b>	
Routine urine examinations.....	924
Tuberculin tests.....	723
Blood counts.....	1,333

TABLE NO. 4  
POSTMORTEM EXAMINATIONS

TOTAL.....	27
Meningococcus meningitis.....	2
Pneumococcus meningitis.....	2
Tuberculous meningitis.....	5
Meningitis, etiology undetermined.....	1
Convulsions.....	1
Tuberculosis.....	1
Laryngotracheobronchitis.....	1
Whooping cough.....	5
Asphyxia.....	1
Diphtheria.....	3
Poliomyelitis.....	4
Rocky Mountain spotted fever.....	1



## **MEDICAL SECTION—PREVENTIVE**



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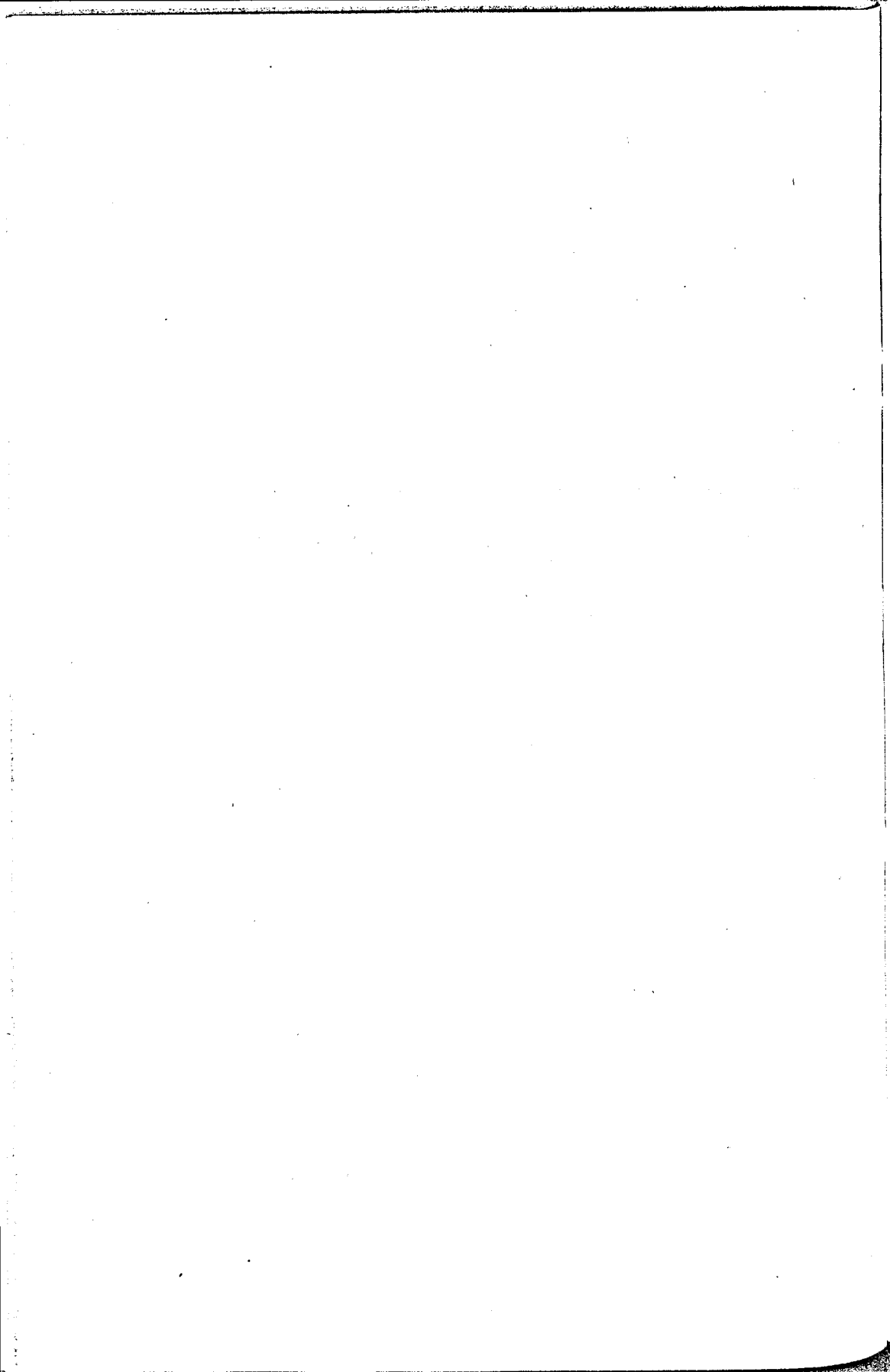
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**BUREAU OF COMMUNICABLE DISEASES**

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## BUREAU OF COMMUNICABLE DISEASES

J. Wilfrid Davis, M.D., M.P.H.

*Director*

A total of 21,761 cases of communicable diseases was reported during 1947. This is the smallest number of cases reported for any year since 1935. The low total may be attributed in part to the unusually small number of scarlet fever cases recorded, fewer cases of this disease being reported than for any year since 1918. Also, the number of diphtheria cases reported showed a marked decrease from the relatively large number recorded during the previous year and meningococcus meningitis which had increased during the war years continued to decline. Decreases in the number of these and other communicable diseases more than offset the rise in whooping cough, which showed an expected periodic increase.

### *Diphtheria*

There were 142 cases and 5 deaths of diphtheria reported during the year as contrasted with 424 cases and 19 deaths in 1946. In 1947 a smaller number of cases was recorded than for any year since 1943. This is the first year to show a decline in the number of cases and deaths since 1941, a record low diphtheria year when only 47 cases were reported.

The highest incidence of diphtheria occurred in the first quarter of the year. The location of the cases followed generally the distribution of the population; there was no particular concentration in any one part of the city.

Throughout the year the diphtheria toxoid campaign was continued vigorously. The records of all school children under twelve years of age were searched and any child who had not received toxoid since infancy was given an opportunity to be inoculated. As a result of the campaign the number of doses of toxoid given far exceeded the number of any previous year. There were 40,379 toxoid inoculations given in 1947 as compared with 28,396 in 1946.

Of the 142 cases of diphtheria reported in the city, 101 were admitted to Sydenham Hospital for treatment.

### *Meningococcus Meningitis*

For the fourth consecutive year meningococcus meningitis showed a decline from the high total of 389 cases recorded in 1943, a war year. There were 31 cases and 6 deaths reported this year as compared with 46 cases

and 11 deaths for the previous year. Many of the cases were associated with crowded living conditions.

### *Typhoid Fever*

For the first time in the history of the city a calendar year passed without a resident death from typhoid fever. However, with 11 cases reported, there was an increase of 1 over the record low number of cases reported in 1946.

Of the 11 cases reported investigation indicated that 5 were infected by carriers in the household and 1 received her infection while working in a laboratory. The sources of the remaining 5 cases have not been determined.

Two typhoid carriers were discovered during the year. Of the 62 carriers on the Health Department list at the first of the year 2 died and 2 moved away from the city. There were 60 carriers on the list at the end of the year.

### *Poliomyelitis*

There were 29 cases and 4 deaths of paralytic poliomyelitis reported during the year as compared with 34 cases and 4 deaths in 1946. Of the 29 cases 24 were treated at Sydenham Hospital.

### *Rabies*

The outbreak of rabies among dogs which started in 1944 and continued during the following two years terminated early in 1947 when, after two rabid dogs were discovered in the northwestern section of the city, a ninety-day dog quarantine was established in that area and no more rabid dogs were found. As in the previous years of the recent outbreak among dogs, no human case of rabies developed this year.

### *Endemic Typhus*

Shortly after the first of the year 4 cases of endemic typhus were reported in persons living in a row of old houses in the 600 block of N. Calvert Street where two cases reported near the close of 1946 had lived. Following the elimination of rats and rat fleas in the houses no new cases developed there.

A fifth case was reported in a physician who attended the autopsy of a fatal 1946 case and was infected through handling the organs of the cadaver. Another case, making a total of 6 for the year, lived in a residential area in northwest Baltimore. He had handled a dead rat a few days before the onset of his illness.

*Smallpox*

For the nineteenth consecutive year no case of smallpox was reported in Baltimore. The last case of smallpox to occur in the city was reported on March 9, 1928. A survey conducted during the year showed that approximately 99.74 per cent of children attending public, private or parochial schools have that badge of protection, a smallpox vaccination scar.

*Undulant Fever and Tularemia*

Six cases of undulant fever were recorded during the year, three in workers at slaughtering plants. The sources of the other cases could not be determined but none of them gave a history of having drunk unpasteurized milk in Baltimore. No cases of this disease were reported in 1946.

There were 4 cases of tularemia reported as compared with 1 case in 1946. All 4 cases contracted the disease through dressing wild rabbits.

*Scarlet Fever, Whooping Cough and Measles*

As previously stated, there were fewer cases of scarlet fever reported during the year than for any year since 1918. There were recorded 446 cases, none of them fatal. There were 274 cases of measles reported during the year as contrasted with 8,136 cases recorded in the previous year.

With 3,249 cases and 10 deaths from whooping cough this year, a sharp rise was observed over 1946, an unusually low year in which only 1,004 cases and 2 deaths were recorded. Of the 10 deaths which were reported during 1947, nine occurred in children under 3 years of age. Children attending Health Department well baby clinics received two doses of whooping cough vaccine.

**Personnel**

J. Wilfrid Davis, M.D., M.P.H., Director  
Anthony L. Rettaliata, M.D., Medical Investigator  
Roscoe Z. G. Cross, M.D., Health Officer  
William A. Sinton, M.D., Health Officer  
Howard Warner, M.D., Health Officer  
Samuel Weinberg, M.D., Health Officer  
J. Emmett Queen, M.D., Medical Investigator  
William R. Lumpkin, M.D., Medical Investigator  
John P. Smith, M.D., Medical Investigator  
Francis W. Traynor, M.D., Medical Investigator  
Alice V. Owings, Junior Administrative Officer  
Sophia T. Wiegel, Senior Stenographer  
Elaine Parkus Polansky, Junior Stenographer

TABLE NO. 1  
REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE  
DISEASES—1944-1947

DISEASE	1947		1946		1945		1944	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism.....	4	1	..	..	..	..	..	..
Chancroid.....	188	..	140	..	90	..	117	..
Chickenpox.....	2,231	1	2,268	..	2,494	1	3,576	2
Diarrhea and enteritis								
Under 2 years of age.....	80	40	81	71	114	105	103	90
Two years and over.....	5	7	14	15	7	9	8	15
Diphtheria.....	142	5	424	19	353	19	226	13
Dysentery								
Amebic.....	3	..	7	1	4	1	7	1
Bacillary.....	5	1	15	1	11	..	10	2
Unspecified.....	45	..	10	1	23	3	29	..
Encephalitis lethargica.....	2	..	4	2	..	1	..	1
Erysipelas.....	7	..	8	2	13	..	18	..
German measles.....	49	..	498	..	295	..	269	..
Gonococcus infection.....	5,988	1	4,025	..	4,192	1	2,907	1
Gonococccic ophthalmia.....	9	..	22	..	33	..	23	..
Infectious hepatitis.....	3	2	8	4	10	..	2	3
Influenza.....	104	30	136	40	225	37	140	65
Leprosy.....	..	..	..	..	..	..	1	..
Malaria.....	6**	..	28*	1	14	..	2	..
Measles.....	274	..	8,136	6	206	..	10,324	10
Meningococcus meningitis.....	31	6	46	11	61	12	177	33
Mumps.....	1,015	..	338	1	1,603	..	2,029	..
Mononucleosis, infectious.....	25	..	16	..	6	..	1	..
Ornithosis (Psittacosis).....	..	..	..	..	..	..	1	..
Paratyphoid fever.....	..	..	..	..	..	..	1	..
Pellagra.....	1	..	..	..	1	1	..	..
Pneumonia								
Bronchopneumonia.....	260	195	322	182	400	264	393	260
Lobar pneumonia.....	284	157	369	192	546	287	680	341
Unspecified.....	116	15	266	11	308	15	496	16
Poliomyelitis (paralytic cases).....	29	4	34	4	21	..	167	12
Rheumatic fever, acute.....	38	1	45	3	46	9	169	3
Rheumatic heart disease, acute.....	15	20	43	35	35	11	115	14
Rocky Mountain spotted fever.....	5	2	1	..	3	1	1	..
Scarlet fever.....	446	..	806	1	2,202	1	2,297	1
Septic sore throat.....	70	2	83	3	74	6	52	3
Smallpox.....	..	..	..	..	..	..	..	..
Salmonella infection.....	3	..	..	..	1	..	1	..
Syphilis.....	5,394	183	5,558	169	8,402	202	10,972	183
Tetanus.....	3	2	9	5	3	..	5	1
Trachoma.....	..	..	..	..	..	..	..	..
Trichinosis.....	2	..	1	..	3	..	1	..
Tuberculosis								
Pulmonary.....	1,491	676	1,468	707	1,872	714	1,870	737
Other forms.....	57	42	56	40	53	59	52	64
Tularemia.....	4	..	1	..	2	..	..	..
Typhoid fever.....	11	..	10	1	11	1	15	1
Typhus fever.....	6	1	2	..	..	..	..	..
Undulant fever.....	6	..	..	..	1	..	1	..
Veneral diseases, other.....	57	..	21	2	39	1	57	2
Whooping cough.....	3,247	10	1,004	2	2,172	12	2,349	11

\* Contracted outside continental United States.

\*\* Five cases contracted outside continental United States.

TABLE NO. 2  
CASES AND RESIDENT DEATHS OF CERTAIN DISEASES ACCORDING TO MONTHS—1947

DISEASE		TOTAL	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Typhoid fever.....	Cases	11	..	..	..	..	2	..	2	3	..	1	..	3
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Paratyphoid fever.....	Cases	..	..	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcus meningitis.....	Cases	31	7	4	6	6	2	1	1	..	1	2	1	..
	Deaths	6	1	1	..	1	..	..	..	..	..	2	1	..
Scarlet fever.....	Cases	446	65	43	74	59	56	18	15	10	9	32	25	40
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough.....	Cases	3,247	263	218	241	248	330	292	351	323	294	319	187	181
	Deaths	10	2	..	1	..	2	..	..	2	..	..	3	..
Diphtheria.....	Cases	142	28	19	21	17	13	7	3	7	12	2	6	7
	Deaths	5	2	..	1	1	..	1	..	..	..	..	..	..
Tuberculosis, pulmonary.....	Cases	1,491	116	97	132	117	129	145	152	144	103	131	109	116
	Deaths	676	55	64	53	69	43	62	61	61	52	49	54	53
Tuberculosis, other forms.....	Cases	57	4	1	6	4	11	5	3	6	6	3	5	3
	Deaths	42	2	5	3	4	4	2	5	7	1	6	..	3
Influenza.....	Cases	104	7	8	39	14	6	3	5	..	..	7	8	7
	Deaths	30	2	3	6	5	2	1	1	..	1	3	4	2
Measles.....	Cases	274	23	23	26	44	66	52	18	8	4	3	2	5
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis (paralytic cases).....	Cases	29	1	1	1	..	1	..	1	7	10	5	1	1
	Deaths	4	..	..	..	..	..	..	1	1	1	..	..	1
Encephalitis lethargica.....	Cases	2	..	..	..	1	..	..	..	..	..	1	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles.....	Cases	49	3	4	3	3	7	3	8	5	4	2	1	6
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Chickenpox.....	Cases	2,231	223	260	358	387	364	252	94	25	13	30	52	173
	Deaths	1	..	1	..	..	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever.....	Cases	5	..	..	..	..	1	..	..	2	..	1	..	1
	Deaths	2	..	..	..	..	1	..	..	..	..	1	..	..
Bronchopneumonia.....	Cases	260	29	25	27	27	20	9	12	13	17	28	31	22
	Deaths	195	24	17	28	22	14	5	9	11	16	17	21	11
Lobar pneumonia.....	Cases	284	28	29	58	31	22	5	15	10	9	22	29	26
	Deaths	157	18	20	26	21	10	6	8	7	6	8	20	7
Pneumonia, unspecified.....	Cases	116	19	19	20	14	4	7	7	1	1	9	6	9
	Deaths	15	2	1	1	..	..	1	4	1	1	1	2	1

TABLE NO. 3  
INOCULATION HISTORIES OF DIPHTHERIA CASES—1947

GROUPS	CASES WITHOUT HISTORY OF PREVIOUS INOCULATION	CASES WITH INOCULATION HISTORY					UNCON- FIRMED
		TOTAL	CONFIRMED				
			Total	Alum- Precipitated Toxoid	Ramon Toxoid	Toxin Antitoxin	
TOTAL CASES.....	54	83	49	49	..	..	39

## A. CLASSIFIED BY AGE

Age Groups							
0-2 years.....	5	6	1	1	..	..	5
3-4 years.....	7	23	16	16	..	..	7
5-9 years.....	2	30	18	18	..	..	12
10-14 years.....	0	13	7	7	..	..	6
15 and over.....	40	16	7	7	..	..	9

## B. CLASSIFIED BY TIME SINCE INOCULATION

Time Since Inoculation							
0-3 months.....			..	..	..	..	
4-11 months.....			..	..	..	..	
1 year.....			2	2	..	..	
2 years.....			1	1	..	..	
3 and over.....			46	46	..	..	
Unspecified.....			..	..	..	..	

TABLE NO. 4  
CHILDREN CLASSIFIED BY RACE AND AGE RECORDED AS HAVING RECEIVED  
SPECIFIED DIPHTHERIA TOXOID INOCULATION—1947

AGE	DOSE AND COLOR											
	FIRST DOSE ONLY			COMPLETE PRIMARY			BOOSTER			UNSPECIFIED		
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
ALL AGES.....	3,295	2,423	872	17,113	12,637	4,476	19,940	10,419	9,521	31	31	..
Under 6 months.....	181	160	21	102	93	9	5	2	3	..	..	..
6 months.....	1,130	935	195	1,137	927	210	7	7	..	..	..	..
7 months.....	507	441	66	5,727	4,094	1,633	7	6	1	3	3	..
8 months.....	293	206	87	3,968	3,111	857	23	17	6	5	5	..
9 months.....	133	93	40	1,897	1,483	414	80	45	35	2	2	..
10 months.....	62	36	26	814	589	225	138	83	55	..	..	..
11 months.....	42	24	18	407	296	111	103	53	50	..	..	..
Under 1 year.....	2,348	1,895	453	14,052	10,593	3,459	363	215	150	10	10	..
1 year.....	278	127	151	1,231	805	426	594	313	281	2	2	..
2 years.....	134	64	70	454	283	181	358	229	124	..	..	..
3 years.....	98	57	41	380	250	130	629	430	199	..	..	..
4 years.....	120	88	32	280	206	75	1,284	926	358	3	3	..
5 years.....	131	76	55	345	242	103	3,981	2,531	1,450	13	13	..
6 years.....	86	49	37	207	140	67	3,053	1,734	1,319	3	3	..
7 years.....	28	18	10	51	39	12	1,435	441	994	..	..	..
8 years.....	14	8	6	20	13	7	1,719	635	1,084	..	..	..
9 years.....	14	7	7	29	24	5	2,206	953	1,253	..	..	..
10 years.....	23	16	7	18	14	4	2,159	952	1,207	..	..	..
11 years.....	7	7	..	15	13	2	1,832	875	957	..	..	..
12 years.....	5	4	1	8	5	3	263	133	130	..	..	..
13 years.....	3	3	..	1	1	..	42	37	5	..	..	..
14 years.....	..	..	..	1	..	1	10	7	3	..	..	..
15 years and over.....	1	1	..	4	4	..	11	5	6	..	..	..
Age unspecified.....	5	3	2	7	6	1	6	5	1	..	..	..

TABLE NO. 5  
CHILDREN CLASSIFIED BY RACE AND AGE RECORDED AS HAVING RECEIVED  
SPECIFIED PERTUSSIS VACCINE INOCULATION\*—1947

AGE AT DATE OF INOCULATION	DOSE AND COLOR					
	FIRST DOSE ONLY			COMPLETE PRIMARY		
	Total	White	Colored	Total	White	Colored
ALL AGES.....	899	363	536	9,083	5,237	3,846
Under 6 months.....	24	13	11	30	25	5
6 months.....	230	100	130	593	419	174
7 months.....	75	32	43	3,116	1,622	1,494
8 months.....	88	20	68	1,889	1,105	784
9 months.....	49	15	34	913	542	371
10 months.....	30	9	21	442	250	192
11 months.....	24	9	15	250	154	96
Under 1 year.....	520	198	322	7,233	4,117	3,116
1 year.....	188	74	114	933	536	397
2 years.....	75	33	42	354	205	149
3 years.....	46	20	26	257	166	91
4 years.....	32	23	9	144	103	41
5-9 years.....	36	14	22	156	105	51
10 years and over.....	1	1	..	4	3	2
Age not specified.....	1	..	1	2	2	..

\* Pertussis vaccine administered in combination with diphtheria toxoid.





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## BUREAU OF TUBERCULOSIS

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*Director*

### *Deaths*

During the calendar year of 1947 the total number of deaths from all forms of tuberculosis among residents of Baltimore was 718, of which 310 occurred among white persons and 408 among Negroes. Thus Negroes who constitute 20 per cent of the city's population contributed 57 per cent of all the deaths due to tuberculosis. In 1946 the total deaths from tuberculosis among city residents numbered 747; white persons suffered 349 of these deaths and Negroes 398.

In Table No. 1 is shown the age distribution of the 1947 tuberculosis deaths, according to race and sex. In the white race deaths among males considerably outnumber those among females. Of 310 deaths among white residents, 221 were among males and only 89 among females, giving a ratio of males to females of 2.5. Deaths among white children under age fifteen were rare and accounted for less than 3 per cent of the total number. Although deaths in girls under fifteen years of age were more numerous than in boys, it is unlikely that this was more than a chance variation. For females whose deaths from tuberculosis occurred before age thirty-five, however, there were 40 fatalities, or 45 per cent of all the tuberculosis deaths noted during 1947 for females. In white males during these younger ages only 23 deaths from tuberculosis occurred and these accounted for only about 10 per cent of the total deaths observed among white males. After age thirty-five, deaths among white women decreased notably but among white males they become much more numerous and the age-specific death rates for elderly white men are the highest of any age.

For Negroes more deaths occurred among males than females, but the ratio of males to females dying of tuberculosis is 1.3, considerably less striking than in the white race, as shown in Table No. 1. Negro children dying of tuberculosis before age fifteen represent more than 7 per cent of total tuberculosis fatalities. For the ages up to thirty-five, the table shows 130 deaths among Negro females and only 82 among Negro males. It is between ages thirty-five and fifty-five that deaths among Negro males predominate; after age fifty-five deaths from tuberculosis fall off markedly in Negro males in contrast to the sustained high frequencies of deaths among white males later than age fifty-five.

Thus for males of both races deaths from tuberculosis are most numerous in middle life and this hazard continues for white men in a striking way in old age. For women of both races deaths are most numerous before age thirty-five and they are notably decreased among older age groups. Tuberculosis is an important cause of deaths among Negro children of Baltimore.

#### *Death Rates*

The total tuberculosis death rate for Baltimore residents for 1947 was 75.8 per 100,000, for white residents the rate was 41.2, and for Negro residents, 210.3. Comparable figures for 1946 were 80.3 per 100,000 for the total tuberculosis death rate, 46.7 for the white race and 218.7 for Negroes. This is the third successive year that the tuberculosis death rate among Negroes residing in Baltimore has fallen, but there is no basis for concluding that the rate can be depended on to continue a steady decline. Wide fluctuations in the tuberculosis death rate for Negroes of this area have been the rule for years and the two unfavorable conditions of substandard housing and inadequate numbers of tuberculosis sanatorium beds remain to block the path to progress in public health control of tuberculosis for this race. Only as renewed and continuous public pressures correct these two highly unfavorable environmental problems can we expect an important decrease in the risk of death.

During 1947 the tuberculosis death rate among Negro residents of Baltimore was 5.1 times greater than among white residents.

#### *Reported Cases*

From a considerably larger number of preliminary reports sent to the Bureau of Tuberculosis, 1,548 new cases were verified and considered significant from the point of view of public health follow-up either of the case itself or the family involved. This number included 165 reports made up from death certificates. The corresponding number of new cases in 1946 was 1,524 including 130 reported at the time of death. If the new reports of tuberculosis during 1947 are shown in their relation to the tuberculosis deaths among city residents for the same time interval, the following ratios of new reports to deaths result: Total, 2.2; white, 2.8; colored, 1.7.

In Table No. 2 the racial distribution of the reported cases is shown. Of the 1,548 cases, there were 861 among white persons and 687 among Negroes. During 1946 there were 882 cases reported for the white race and 642 among Negroes. Table No. 2 also shows that 1,491 reports were for pulmonary cases and 57 for nonpulmonary forms of tuberculosis. Of these 57 cases, Negroes contributed 49. Corresponding figures for 1946 were 1,468 pulmonary and 56 nonpulmonary cases, 40 of the latter in Negroes.

Among the 1,491 pulmonary cases reported, there were 1,487 for which extent of lung involvement was ascertained at the time by the bureau director. An analysis of the number and percentage of reported cases showing minimal or advanced lesions, severe primary involvement, and acute miliary dissemination is presented for the two races in Table No. 3. In the white race 40 per cent of the 861 reported cases were minimal and these were further subdivided into 11 per cent considered active, 26 per cent inactive, and 2.5 per cent showing massive pleural effusions due to tuberculosis. Advanced lesions of the reinfection type were recorded in about 58 per cent of reports, severe primary tuberculosis in only 1.4 per cent and acute miliary tuberculosis accounted for less than 1 per cent of the total number of reports for the white race.

For Negroes, only 23 per cent of the 647 reported pulmonary cases were minimal in extent at the time of report. This group was divided into nearly 10 per cent considered active, 8 per cent with lesions thought to be inactive and nearly 6 per cent displaying massive pleural effusions due to tuberculosis. Advanced lesions of the classical reinfection type accounted for 63 per cent of all reports, nearly 11 per cent were severe primary tuberculosis most commonly encountered in Negro children, and an additional 3 per cent of all reported pulmonary cases were due to acute disseminated disease.

Table No. 3 listing by extent of lesion 840 pulmonary cases for the white race and 647 for Negroes during 1947 makes it possible on theoretical grounds to see how the two races compare in their need for sanatorium beds on the basis of known new cases in a single year. This would not, of course, take into account the known cases reported in earlier years for many of whom sanatorium treatment is still incomplete or indicated afresh because of recent relapse.

For both races we can subtract the number with minimal inactive lesions since these do not require treatment. This would reduce the number of reported pulmonary cases as indicated in Table No. 3 to 618 for the white race and 595 for the Negro race. But there should be added to these numbers those reported cases of nonpulmonary disease, 17 in white persons and 40 in Negroes, most of which require prolonged bed care and expert nursing though the lungs are not involved. The number of new cases reported with active disease such that sanatorium care would be highly desirable becomes 635 for each race. It is quite clear from this comparison that in any given year, the races are equal in their need for hospital care for tuberculosis, judging by the new cases of active incapacitating tuberculosis reported. Add to this the more serious overcrowding which is so common among Negroes and the number of instances of medical indigence and the evidence piles up for our grave need as a State to provide sanatorium facilities for Negroes numerically equal to those available to members of

the white race. Negro residents of the city and State have access to facilities for the hospital treatment of tuberculosis which are only half as numerous proportionately as those provided for white residents.

The newly reported cases from each race are analyzed in Tables No. 4 and 5 to show age distribution. In general the conclusions to be reached are like those derived from the study of deaths shown in Table No. 1. Tuberculosis in childhood is much more common in Negroes than in white persons. The maximum frequency of new pulmonary cases in females of both races is reached between ages fifteen and thirty-five. Reported pulmonary cases in males outnumber those in females but the majority of cases in males are discovered after age thirty-five. Nonpulmonary tuberculosis is a greater problem in Negroes and it is not limited to childhood.

In Table No. 6 the reported cases are classified by race and reporting agency. Private physicians reported 206 new cases in 1947, general hospitals 354, and Health Department chest clinics 402. Case-finding surveys were responsible for the detection of 268 hitherto unknown cases. For the combined races, the Health Department chest clinics continued as in other years to lead in making the largest number of reports, but as will be seen in Table No. 7, these clinics are indebted to private physicians for about 63 per cent of the patients sent in for diagnosis. The other sources of report are self-explanatory. As in the past, a small number of patients were first reported by the Tuberculosis Division of the City Hospitals or by other sanatoria. Tuberculosis in 165 persons, 62 of them white and 103 of them Negroes was reported from death certificates. In nearly every such instance medical assistance had been sought only a few days or hours before death.

### *Diagnostic Services*

The volume of work done by the three chest clinics operated by the Bureau of Tuberculosis is shown in Table No. 7. The clinic at 28 S. Broadway continued to serve both white and Negro patients residing in east Baltimore. At 1516 Madison Avenue a clinic was conducted for white patients living in west Baltimore, while Negroes residing in that section were served by a chest clinic held at Druid Health Center, 1313 Druid Hill Avenue. A fourth clinic located at the Eastern Health District and a small film service at Druid Health Center, used exclusively by apparently healthy persons, are described under "Case-Finding Projects."

At the three regular diagnostic chest clinics there were 9,958 individuals seen during 1947, as compared with 8,492 in 1946. Of the 9,958 examined, 5,656 were white and 4,302 were Negroes. New registrants numbered 6,615 and represented 66 per cent of those examined. The remaining 3,343, or 34 per cent, were registered prior to 1947 and required follow-up. The

distribution of the new registrants as to race, reason for referral and referring agency is shown in Table No. 7.

Of the 6,615 new registrants, 4,585, or 69 per cent, came to the clinics for diagnosis because pulmonary disease was suspected. The remaining 2,030, or 31 per cent, were apparently well, but had been exposed to tuberculosis usually within their own households and consequently came to the clinics for chest X-ray service to rule out significant infection. This number of contacts does not include 950 tuberculosis contacts among 5,383 "well" persons given small-film service at the Eastern Health District.

In all, the Bureau of Tuberculosis examined 2,930 persons as tuberculosis contacts during the year. The corresponding figure for 1946 had been 3,209 contacts examined. Since most of the exposed persons who report for chest X-rays represent families where public health nurses have made effective home visits, the somewhat smaller number of properly examined contacts during 1947 indicates once more the chronic shortage of public health nurses in the City Health Department where tuberculosis home visits are only one function of the generalized public health nursing service.

In Table No. 7 are shown the numbers and percentages of ill patients referred for diagnosis by various agencies. Private physicians referred 61 per cent of all white patients and 66 per cent of all Negro patients; public health nurses sent in about 4 per cent of white and about 6 per cent of Negroes; other Health Department clinics referred 7 per cent of the white and 4 per cent of the Negroes. Dr. M. S. Shiling's case-finding program so ably assisted by the Maryland Tuberculosis Association sent to the clinics 204 white persons and 105 Negroes showing X-ray evidence of the need for chest examination though they had not considered themselves ill at the time of the X-ray survey. Other miscellaneous sources accounted for nearly 2 per cent of the white patients and for 17 per cent of the Negro patients coming to the chest clinics for diagnosis.

Those referred to the clinics for contact examination, not because of illness, had a different distribution with relation to source of referral. Private physicians sent in nearly 28 per cent of all white contacts but only 8 per cent of Negro contacts. Public health nurses were responsible for sending to the clinics 45 per cent of white exposed persons examined and 74 per cent of all those Negro contacts registered in the clinics. Other scattered and less important sources accounted for the remaining 27 per cent of white patients and 18 per cent of Negroes examined for exposure.

It is of interest to examine the clinic load for its yield of positive diagnoses. The new registrants of 1947 sent to the chest clinics for diagnosis were found to have tuberculosis in 12 per cent of the cases, though the lesions were not in all cases active. Those reporting to the clinic because of exposure within their families showed a much lower percentage of positive



diagnoses with only 2.3 per cent of these individuals reported as tuberculous. It should be noted that no distinction is made in this very brief statement as to whether the disease was proved to be active.

#### *Collapse Therapy for Ex-sanatorium Patients*

All three chest clinics held regular sessions at least twice weekly for artificial pneumothorax therapy. The service was limited to patients whose collapse therapy had been initiated in the sanatorium. During 1947 these treatments were given to 276 patients as shown in Table No. 7. Twenty-nine of these were new and 228 were former registrants for whom treatment was continued. Nineteen others were treated as special patients while on leave from their sanatoria. In all, 4,261 visits were paid to these treatment clinics.

#### *Case-Finding Projects.*

During the year the Bureau of Tuberculosis continued to promote the search for pulmonary tuberculosis among the apparently well by the use of chest X-rays. This program owes much to the Maryland Tuberculosis Association which furnished all the films for both stationary and mobile units and collaborated helpfully with publicity in organizing those large special groups of the population to which the mobile photofluorographic unit was taken under the direction of Dr. M. S. Shiling.

The report of the small-film service, (4" x 5" photofluorography) is shown in Table No. 7. The Eastern Health District screening clinic took X-ray pictures of 5,383 individuals, of whom 3,216 were white and 2,167 were Negroes. The largest single classification was industrial employees, with tuberculosis contacts and the registrants of a large prenatal clinic operated by the Health Department ranking successively. Another important group were students from a local high school.

Druid Chest Clinic with a similar small-film stationary unit made routine chest films of 1,014 prenatal patients, part of whom were registered with the Health Department and the remainder with the obstetrical service of the University Hospital. Apparently healthy persons exposed to tuberculosis who came to Druid Chest Clinic and were given small-film X-rays were counted in the regular clinic reports and are enumerated in Table No. 7 already discussed.

Dr. M. S. Shiling of the bureau staff with the assistance of the Maryland Tuberculosis Association X-rayed 43,204 apparently well individuals with the mobile unit, using 70 mm. film. Of these, 28,089 or 65 per cent were white and 15,115, or 35 per cent, were Negroes. About 25 per cent were industrial employees, 24 per cent were in various sections of the community at large, 17 per cent were high school students, 13 per cent were employees

of department stores, 11 per cent were filmed at a large exposition, and the remaining 10 per cent were scattered surveys of an occasional hotel, a hospital, a penal institution, etc. The year's work with the mobile unit is still being analyzed, but a few interesting figures are available. Of 28,089 white persons filmed, 97 per cent were negative, 2.6 per cent showed X-ray shadows calling for large films and clinical investigation and 0.4 per cent of the pictures were failures and could not be read. Of the 15,115 Negroes examined by the mobile unit, 97.2 per cent were negative, 2.4 showed shadows calling for large films and clinical study and 0.4 per cent were unsatisfactory. Six hundred and thirty-two or about 58 per cent of the 1,091 persons with suspicious small films were actually re-examined with 14" x 17" chest X-rays. Roughly half of those examined with large films were shown to have definite lesions due to tuberculosis, and a considerable proportion of these were finally classified as having only inactive disease. The prevalence of unsuspected tuberculous lesions in white and Negro groups of apparently healthy persons was approximately the same, in spite of the much higher death rate from tuberculosis among the Negroes of this city. However, the course of active disease for many Negroes is shorter and more likely to be fatal.

The 70 mm. photofluorographic X-ray units provided earlier by the City Health Department for three hospitals, the Johns Hopkins Hospital, the Baltimore City Hospitals, and the University Hospital did varying amounts of work during the year. The two latter institutions had serious problems for several months because clerical assistance could not be procured. Estimates for the number of individuals screened with small chest films stand at 16,470 for Johns Hopkins Hospital, 3,788 for the City Hospitals and 2,726 for the University Hospital. Of the total number given small-film service at the Johns Hopkins Hospital, mainly dispensary patients, 62 per cent were white patients and 38 per cent were Negroes. About 423 of the 16,470, or 2.6 per cent were reported to the City Health Department as tuberculosis suspects. A cooperative effort on the part of the hospital and the Bureau of Tuberculosis brought most of them back for clinical evaluation with large films and laboratory studies.

#### *BCG Vaccination Study*

A group of 69 tuberculin-negative preschool children attending well baby clinics at the Eastern Health District, 57 of whom were Negroes and 12 white, were vaccinated against tuberculosis with BCG vaccine between March 20 and April 17 by Dr. Janet Hardy of the Harriet Lane Home Tuberculosis Clinic in a cooperative study conducted by the Bureau of Tuberculosis, the Maryland Tuberculosis Association and the Department of Pediatrics of the Johns Hopkins Hospital. The purpose of the study was

to determine the practical administrative and clinical problems involved in giving the vaccine and arranging for the follow-up during the period of development of artificial allergy. The vaccine was purchased from the Henry Phipps Institute in Philadelphia, was given within three days of its preparation, and the two methods of intradermal and multiple puncture inoculation were compared. All the children had chest films at the outset when their negative tests to 1.0 mg. of Old Tuberculin were read and 48 of them were refilmed as the tuberculin reaction became positive, usually four to six weeks after vaccination. With 3 exceptions all the children became tuberculin-positive. One of the 3 left the city too early for retesting and two others continued to give only equivocal reactions to tuberculin. The parents were cooperative in asking for the vaccination and no difficulties were encountered in follow-up, which was assisted by a medical social worker who made home visits at weekly intervals to inspect the vaccination sites where a very small and painless ulcer usually developed but healed uneventfully in two to three months time. About four hours per patient were spent by this worker.

BCG vaccine is thought to confer a partial immunity to severe forms of tuberculosis in roughly 75 per cent of those vaccinated for a period of about five years. In the future its widespread use in specially exposed groups of the population is likely. Since it must always be prepared under controlled conditions and given by a careful technique while especially fresh and is useful only in tuberculin-negative persons, the time is not yet ripe for making it generally available. It is gratifying, however, to have demonstrated that its administration by the Health Department is practical and that local reactions at the site of inoculation are of no consequence.

### *Hospital and Sanatorium Facilities*

It is discouraging to report that 1947 saw no extension or improvement in the sanatorium treatment of patients of either race. Serious personnel shortages with the necessity for operating with less than full bed capacity affected every sanatorium in the state. The new tuberculosis sanatorium directorship under the State Department of Health remained vacant in spite of continued efforts on the part of the Maryland State Department of Health and the Medical Committee of the State Planning Commission. The full time post of Assistant Hospital Physician in Tuberculosis at the City Hospitals became vacant with the resignation of Dr. A. S. Hartz on July 1 and no one was found to take his place. Thoracic surgery continued to be only remotely possible for many patients needing it. Proposed legislation providing for a new state sanatorium for Negroes died in committee without coming before the State Legislature in February, 1947. Some progress was made in publicity for the need of a new and enlarged tubercu-

losis hospital for Negroes at the Baltimore City Hospitals, but the year closed with no authorization for construction. On the positive side it can be recorded that a competent medical social worker was added to the staff of the Tuberculosis Division of the City Hospitals on August 1. Her work and that of the social worker already established at the Maryland State Sanatorium were made more effective by the assistance of two medical social workers on the staff of the Maryland Tuberculosis Association, one for work among Negro tuberculosis patients and the other for white persons ill with the disease.

A very important survey of the tuberculosis situation in Maryland with special inquiry into needs in the various sanatoria was made by Dr. H. D. Chadwick of Boston during May at the expense of the Maryland Tuberculosis Association and under the direction of the Medical Committee of the State Planning Commission. The information and counsel gained in this way from a disinterested outside authority in tuberculosis control are available to a Tuberculosis Survey Committee appointed by the Medical Committee of the State Planning Commission, and an invaluable background of concise information and specific recommendations will be useful in the reorganization of our sanatorium facilities under the leadership of the new director when he can be found.

The latest available estimates of beds in use for the treatment of tuberculosis continue to indicate less than two beds per annual fatal case for the white race and less than one bed per annual fatal case for Negroes. The acknowledged standard which should be provided is 2.5 beds per annual tuberculosis death for each race. The unmet needs for Negro patients are acute. Until treatment of tuberculosis can be offered without delay to patients of both races and until thoracic surgery can be provided promptly whenever it is indicated, we shall continue to have a high tuberculosis mortality.

During 1947 the various sanatoria within the state, including the Tuberculosis Division of the City Hospitals reported the deaths of 332 residents of Baltimore City, and during the same interval they discharged alive a total of 576 city residents. Of live discharged patients residing in the city, 350 or 61 per cent were discharged with consent, while the remaining 226 or 39 per cent failed to complete their treatment and left against medical advice. Of those leaving without permission, 122 or more than one-half were known to have a positive sputum. These figures indicate not only that more beds are needed but that the quality of the treatment, the whole sanatorium environment and many hard-to-define factors entering into the maintenance of a high morale among the chronically ill must be taken into account and made more effective in the community's effort to control this disease.

*Nursing Service*

Field service to the tuberculous and their exposed families was carried on as usual during the year by a staff of overworked public health nurses, for whom tuberculosis is only one of a number of functions in a generalized program. New nurses were hard to find and the year closed without securing the supervisor of tuberculosis nursing, a new position which was created a number of months earlier. Most of the year 153 field nurses were on duty. With a city population now estimated at 947,000 at least 300 public health nurses could be usefully employed. With the concentration of tuberculosis in overcrowded Negro sections of the city, a considerably larger number of Negro public health nurses ought to be working for the City Health Department. At the present time there are 37 Negro nurses doing excellent work.

*Vocational Rehabilitation*

Vocational rehabilitation of tuberculous patients whose lesions have become quiescent or apparently arrested was continued as a special service from the State Department of Education during 1947. During the year there were 134 white and 58 Negro patients given this service. For many the service was initiated in the sanatorium with aptitude tests. The major portion of the work was done with patients completing their treatment in the Tuberculosis Division of the Baltimore City Hospitals.

*Federal Assistance*

As of July 1, 1945 a Federal grant-in-aid from the U. S. Public Health Service became available for tuberculosis control in Maryland. For the fiscal year ending June 30, 1948, the sum available for Baltimore City was \$58,226.00, of which \$53,057.00 was for salary assistance, \$4,400.00 for a training program, and the small remainder of \$769.00 for equipment and supplies. The positions made possible by this grant include the Director of Tuberculosis Surveys, the medical social worker at the Baltimore City Hospitals and supporting professional and clerical positions which are filled, and vacant positions for a full time hospital physician in tuberculosis, supervisor of public health nursing in tuberculosis and an occupational therapist. New X-ray equipment for Provident Hospital was made possible from Federal funds during the first half of 1947 but has not yet been delivered.

Our case-finding program and clinic work are going forward well. Our field nursing program is understaffed, but the greatest weakness of all lies in the field of treatment. Facilities are too far away, have too few beds, provide too little surgery and await with great hope the advent of a new director and the day of reorganization.

**Personnel**

Miriam E. Brailey, M.D., Dr.P.H., Director  
Charlotte Silverman, M.D., Assistant Director  
M. S. Shiling, M.D., Director of Tuberculosis Surveys  
George G. Adams, M.D., Clinic Physician  
Louis V. Blum, M.D., Clinic Physician  
Theodore Cooper, M.D., Clinic Physician  
Meyer W. Jacobson, M.D., Clinic Physician  
C. Dudley Lee, M.D., Clinic Physician  
Cecil Rudner, M. D., Clinic Physician  
Elaine S. Cramer, M.P.H., Junior Statistician  
Gertrude Cordish, Principal Clerk  
Anna S. Mehring, Senior Stenographer  
Shirley Gilden, Senior Clerk  
Leah Kushner, Senior Clerk  
Frances T. Morris, Senior Clerk  
Shirley Worth, Senior Clerk  
Beverly Spiegelford, Junior Clerk  
Bernice Taylor, Junior Clerk  
Rita J. Charvat, Junior Typist  
Arnold C. Rifkin, Photofluorographic Machine Operator  
Anthony Alexandrowicz, Photofluorographic Machine Operator

TABLE NO. 1  
AGE DISTRIBUTION OF RESIDENT DEATHS FROM TUBERCULOSIS—1947

AGE GROUP	WHITE			COLORED		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
NUMBER OF DEATHS						
All ages.....	310	221	89	408	233	175
Under 15 years.....	8	2	6	30	12	18
15-24 years.....	13	6	7	91	29	62
25-34 years.....	42	15	27	91	41	50
35-44 years.....	60	45	15	75	51	24
45-54 years.....	69	60	9	73	62	11
55-64 years.....	58	51	7	27	23	4
65 years and over.....	60	42	18	21	15	6
PERCENTAGE DISTRIBUTION						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	2.6	0.9	6.7	7.4	5.2	10.3
15-24 years.....	4.2	2.7	7.9	22.3	12.4	35.4
25-34 years.....	13.5	6.8	30.3	22.3	17.6	28.6
35-44 years.....	19.4	20.4	16.9	18.4	21.9	13.7
45-54 years.....	22.2	27.1	10.1	17.9	26.6	6.3
55-64 years.....	18.7	23.1	7.9	6.6	9.9	2.3
65 years and over.....	19.4	19.0	20.2	5.1	6.4	3.4

TABLE NO. 2  
REPORTED TUBERCULOSIS CASES, ACCORDING TO LOCATION, EXTENT OF LESION  
AND RACE—1947

LOCATION AND EXTENT OF LESION	TOTAL	WHITE	COLORED
TOTAL REPORTED CASES.....	1,548	881	687
Pulmonary lesions (total).....	1,491	844	647
Minimal.....	488	338	150
Moderately advanced.....	439	274	165
Far advanced.....	455	211	244
Severe primary lesion.....	81	12	69
Acute miliary or disseminated.....	24	5	19
Unspecified.....	4	4	..
Nonpulmonary lesions (total).....	57	17	40
Meningitis.....	20	9	11
Spinal.....	7	1	6
Peritonitis.....	9	..	9
Other forms.....	21	7	14

TABLE NO. 3  
ANALYSIS OF REPORTED CASES OF PULMONARY TUBERCULOSIS ACCORDING TO  
EXTENT OF PULMONARY LESION—1947

CLASSIFICATION OF LESION	TOTAL	WHITE	COLORED
Cases with extent of lesion specified.....	1,487	840	647
Minimal lesions: All types.....	488	338	150
Active.....	157	95	62
Inactive.....	274	222	52
Pleural effusion.....	57	21	36
Moderately and far advanced.....	894	485	409
Severe primary lesions.....	81	12	69
Acute miliary or disseminated.....	24	5	19

## PERCENTAGE DISTRIBUTION

Total cases with extent of lesion specified.....	100.0	100.0	100.0
Minimal lesions: All types.....	32.8	40.2	23.2
Active.....	10.6	11.3	9.6
Inactive.....	18.4	26.4	8.0
Pleural effusion.....	3.8	2.5	5.6
Moderately and far advanced.....	60.1	57.8	63.2
Severe primary lesions.....	5.5	1.4	10.7
Acute miliary or disseminated.....	1.6	0.6	2.9

TABLE NO. 4  
PULMONARY AND NONPULMONARY REPORTED CASES OF TUBERCULOSIS CLASSI-  
FIED BY RACE, SEX, AND BROAD AGE-GROUPS—1947

CLASSIFICATION AND AGE	WHITE			COLORED		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>Pulmonary lesions</b>						
All ages.....	844	511	333	647	360	287
Under 15 years.....	22	12	10	94	42	52
15-24 years.....	124	44	80	131	54	77
25-34 years.....	140	58	82	155	63	92
35-44 years.....	177	113	64	94	61	33
45-54 years.....	164	120	44	100	88	12
55-64 years.....	134	112	22	48	33	15
65 years and over.....	83	52	31	25	19	6
<b>Nonpulmonary lesions</b>						
All ages.....	17	11	6	40	18	22
Under 15 years.....	7	4	3	9	5	4
15 years and over.....	10	7	3	31	13	18



TABLE NO. 5  
PERCENTAGE DISTRIBUTION OF PULMONARY AND NONPULMONARY REPORTED  
CASES OF TUBERCULOSIS CLASSIFIED BY RACE, SEX, AND BROAD AGE  
GROUPS—1947

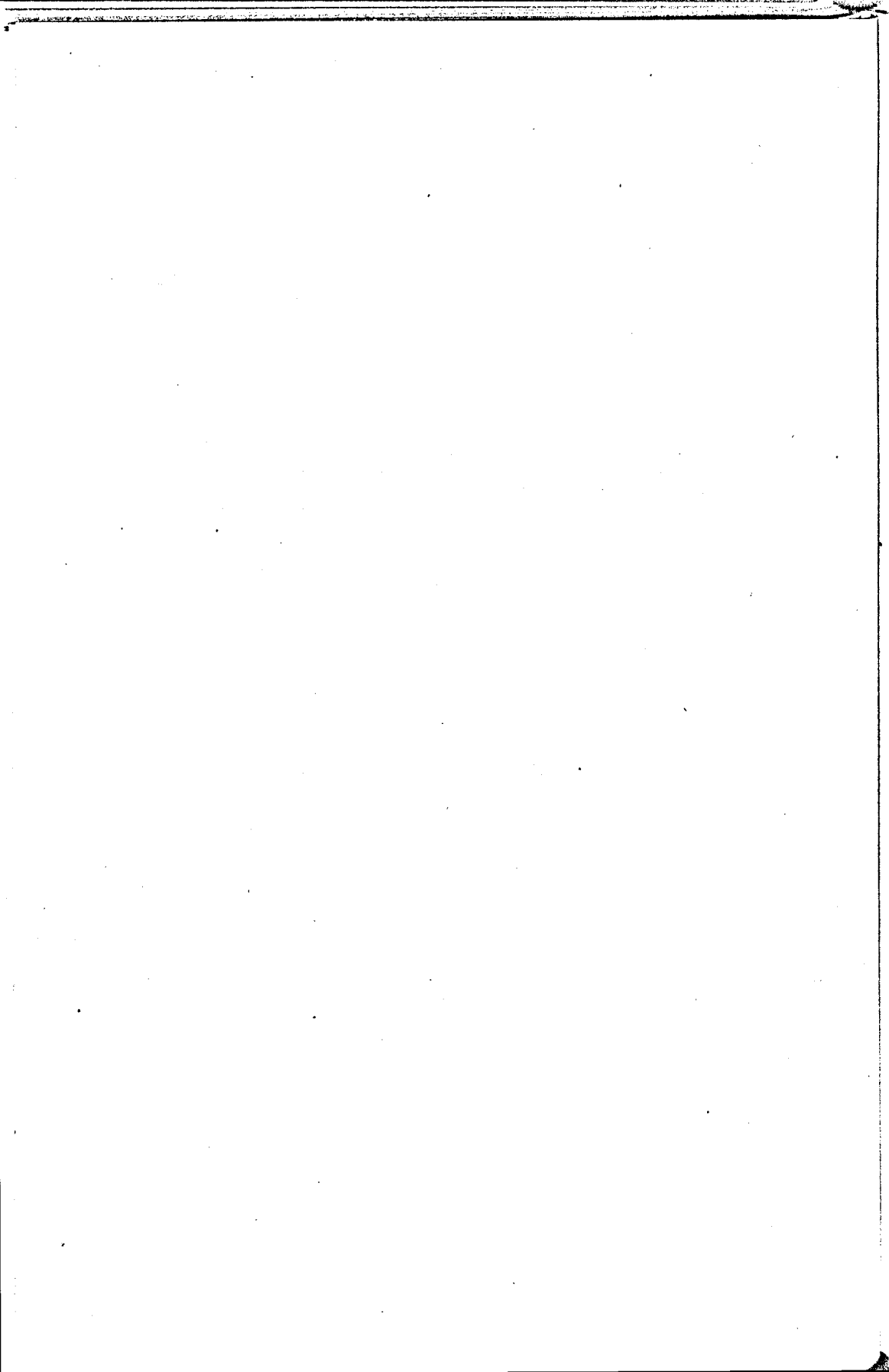
CLASSIFICATION AND AGE	WHITE			COLORED		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>Pulmonary lesions</b>						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	2.6	2.3	3.0	14.5	11.7	18.1
15-24 years.....	14.7	8.6	24.0	20.2	15.0	26.8
25-34 years.....	16.6	11.4	24.7	24.0	17.5	32.1
35-44 years.....	21.0	22.1	19.2	14.5	16.9	11.5
45-54 years.....	19.4	23.5	13.2	15.5	24.4	4.2
55-64 years.....	15.9	21.9	6.6	7.4	9.2	5.2
65 years and over.....	9.8	10.2	9.3	3.9	5.3	2.1
<b>Nonpulmonary lesions</b>						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	41.2	36.4	50.0	22.5	27.8	18.2
15 years and over.....	58.8	63.6	50.0	77.5	72.2	81.8

TABLE NO. 6  
TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1947

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT
<b>TOTAL CASES:</b> .....	1,548	100.0	861	100.0	687	100.0
Private physicians.....	206	13.3	162	18.8	44	6.4
General hospitals.....	354	22.9	138	16.0	216	31.4
Health Department clinics.....	402	26.0	199	23.1	203	29.5
Case-finding surveys.....	268	17.3	207	24.1	61	8.9
Baltimore City Hospitals.....	70	4.5	31	3.6	39	5.7
Other sanatoria.....	42	2.7	38	4.4	4	0.6
Other agencies.....	41	2.6	24	2.8	17	2.5
Reported after death.....	165	10.7	62	7.2	103	15.0

TABLE NO. 7  
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES  
CLASSIFIED BY RACE—1947

	TOTAL		WHITE		COLORED	
	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT
<i>Diagnostic Service</i>						
Clinic Registrants						
Total.....	9,958	100.0	5,656	100.0	4,302	100.0
New in 1947.....	6,615	66.4	4,100	72.5	2,515	58.5
Registered before 1947.....	3,343	33.6	1,556	27.5	1,787	41.5
New Registrants						
Total.....	6,615	100.0	4,100	100.0	2,515	100.0
Patients for diagnosis.....	4,585	69.3	3,027	73.8	1,558	61.9
Tuberculosis contacts.....	2,030	30.7	1,073	26.2	957	38.1
Source of Referral						
Patients for diagnosis						
Total.....	4,585	100.0	3,027	100.0	1,558	100.0
Physicians.....	2,874	62.7	1,844	60.9	1,030	66.1
Public health nurses.....	209	4.6	118	3.9	91	5.9
Health Department clinics.....	269	5.9	203	6.7	66	4.2
Case-finding project.....	309	6.7	204	6.7	105	6.7
All other.....	924	20.1	653	21.8	266	17.1
Tuberculosis contacts						
Total.....	2,030	100.0	1,073	100.0	957	100.0
Physicians.....	375	18.5	297	27.7	78	8.2
Public health nurses.....	1,193	58.7	453	45.0	710	74.2
Health Department clinics.....	40	2.0	32	3.0	8	0.8
All other.....	422	20.8	261	24.3	161	16.8
Clinic Visits						
Total in 1947.....	16,265	100.0	9,279	100.0	6,986	100.0
Day sessions.....	8,600	52.9	5,280	56.9	3,320	47.5
Night sessions.....	7,665	47.1	3,999	43.1	3,666	52.5
Number of X-ray Examinations						
Total.....	7,165	100.0	3,521	100.0	3,644	100.0
New patients for diagnosis.....	3,340	46.6	1,937	55.0	1,403	38.5
New tuberculosis contacts.....	919	12.8	329	9.3	590	16.2
Repeat visits.....	2,906	40.6	1,255	35.7	1,651	45.3
<i>X-ray Survey of Apparently Healthy Persons.</i>	49,601	..	31,305	..	18,296	..
Eastern Health District.....	5,383	..	3,216	..	2,167	..
Druid Health Center.....	1,014	..	..	..	1,014	..
Mobile X-ray Unit.....	43,204	..	28,089	..	15,115	..
<i>Pneumothorax Service</i>						
Total Patients.....	276	100.0	194	100.0	82	100.0
New Patients.....	29	10.5	23	11.8	6	7.3
Patients registered prior to 1947.....	228	82.6	153	78.9	75	91.5
Special patients.....	19	6.9	18	9.3	1	1.2
Total Visits.....	4,261	..	2,905	..	1,356	..
Number of X-ray Examinations.....	308	..	173	..	135	..



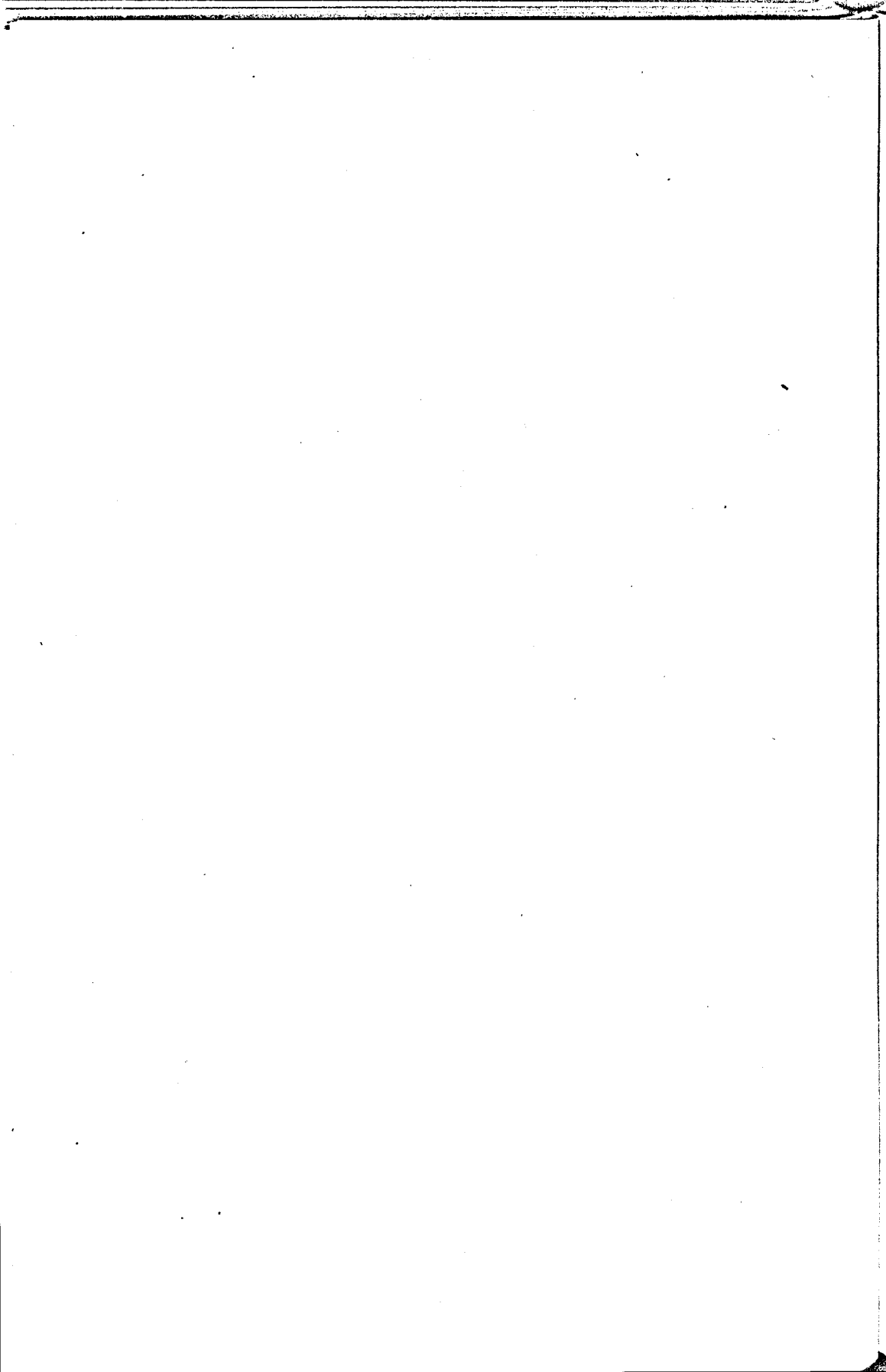
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**BUREAU OF VENEREAL DISEASES**

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## BUREAU OF VENEREAL DISEASES

Nels A. Nelson, M.D., M.P.H.

*Director*

During the year 5,394 cases of syphilis, 5,997 cases of gonorrhea and 188 cases of chancroid were reported. The decline in reported syphilis from a high of 14,803 cases in 1943 to 5,558 in 1946 has almost ceased, as shown in Table No. 1. The continued increase in reported cases of gonorrhea, rising from 3,349 in 1943, has probably been the result of a combination of factors: (1) Better clinic facilities, (2) modern treatment methods which utilize penicillin and (3) the very great probability that quick cure permits prompt reinfection. Certainly this new therapy has done nothing to correct the promiscuous sexual behavior which is the ultimate cause of the spread of venereal disease.

Private physicians reported 15.1 per cent of the syphilis, 7.0 per cent of the gonorrhea and 6.3 per cent of the chancroid. It is apparent from a study of Table No. 1 that the increase in reported cases of gonorrhea is due largely to an increase in the number of cases treated in the city clinics.

From Tables No. 2 and 3 it will be seen that there were 1,746 cases of primary and secondary syphilis reported, and 1,412 cases of early latent syphilis, a total of 3,158 cases of infectious or potentially infectious syphilis. Reports of 123 cases of congenital syphilis were received. As shown in Table No. 4, resident deaths from syphilis numbered 183.

### *Epidemiology and Case Holding*

The Bureau of Venereal Diseases investigated contacts of patients with syphilis and gonorrhea as identified in the city venereal disease clinics and as reported by the Baltimore Rapid Treatment Center and miscellaneous other clinics and medical agencies within and outside the City of Baltimore, including the Armed Services. As shown in Table No. 5, there were 3,679 contacts identified in the city clinics, of whom 617 or 16.8 per cent were previously known to be infected, and 1,258 others or 34.2 per cent completed examination. Of those examined, 660 or 52.5 per cent were found to have a venereal disease. Of the total contacts identified, 1,804 or 49.0 per cent could not be found or their examinations were not completed.

The Rapid Treatment Center reported 550 contacts not previously identified by the medical agencies which referred the original patients to the Center. Of these, 66 or 12.0 per cent were previously known to be infected, and 146 others or 26.5 per cent completed examination. Of those

examined, 109 or 74.6 per cent were found to have a venereal disease. Of the total contacts identified at the Rapid Treatment Center, 338 or 61.5

Of the 1,120 contacts reported to the Health Department by physicians, clinics and other medical agencies, 52 or 4.6 per cent were previously known to be infected, and 214 others or 19.1 per cent completed examination. Of those examined, 125 or 58.4 per cent were found to have a venereal disease. Of the total contacts reported to the Health Department by these agencies, 854 or 76.3 per cent could not be found or their examinations were not completed.

Summarizing, a total of 5,349 contacts was investigated by the Health Department, of whom 735 or 13.7 per cent were previously known to be infected, and 1,618 others or 30.3 per cent completed examination. Of those examined, 894 or 55.3 per cent were found to have a venereal disease. Of the total contacts investigated by the Health Department, 2,996 or 56.0 per cent could not be found or their examinations were not completed.

The Department of Public Health Nursing of Medicine I of the Johns Hopkins Hospital identifies contacts of patients who attend that clinic and investigates those within the City of Baltimore. During the year, 1,427 patients were interviewed and 1,015 of them named 1,631 contacts. Of these, 932 or 57.1 per cent were known to be examined and 542 or 58.2 per cent of those examined were found to have a venereal disease. Since the Johns Hopkins Hospital reports many of the contacts who fail to respond to the hospital nursing follow-up to the Baltimore City Health Department for investigation, there is some duplication of data in the total of contact investigations for the entire city.

No data are available as to contact investigation by other agencies, but the number investigated must be small since none of those agencies employs field investigators in venereal disease. Doubtless, however, some contacts respond to letters and to the efforts of the original patients themselves to persuade their contacts to report for medical examination.

The investigation of contacts identified in the Health Department venereal disease clinics and of those reported to the bureau by other agencies was carried on by a staff of three full time public health nurses in the Bureau of Public Health Nursing, four full time male social workers in the Bureau of Venereal Diseases, two of whom resigned during the year and were not replaced and, in the Eastern Health District, by all the public health nurses who do this work as a part of their general nursing service. The entire contact investigation service is under the general direction of a nursing supervisor assigned to the Bureau of Venereal Diseases from the Bureau of Public Health Nursing. The follow-up of delinquent patients for case-holding purposes is carried on largely by the public health nurses of the Bureau of Public Health Nursing as a function of the generalized public

health nursing service. During the year 8,771 visits were made for the investigation of contacts and for the follow-up of delinquent patients by these nurses and social workers.

### *The Clinics*

On the fifth of May, Health Department venereal disease clinics No. 1 and 3 were removed from their locations on the ground floor of the Municipal Building and at 28 S. Broadway, respectively, and combined to form a single clinic at newly designed quarters at 414 N. Calvert Street. This new clinic is in session eight times a week, three of the sessions serving colored patients and five of the sessions serving white patients. Through this combination and relocation of clinics, it was possible to provide adequate quarters for two clinics which had been overcrowded and inadequately housed for many years, and to provide adequate contact investigation service for patients who had formerly attended clinic No. 3, where such service had never been available. It was also possible under the new arrangement of clinic sessions to employ Negro physicians, none having been employed in either of the older clinics.

Also on the fifth of May, the several venereal disease clinics at the Druid Health Center, clinics No. 2, 5, 6 and 7, were combined to form a single clinic under the general medical direction of a Senior Medical Supervisor. The medical, nursing, social work and clerical staff is now available for service in any session to which assigned, instead of being limited in service to the sessions of any one of the more or less autonomous clinics as they formerly existed. Administration of the new clinic has been greatly improved and is far more efficient than it had been under the older arrangement. Thus, Health Department venereal disease clinics are now operated at three locations, with a total of twenty-one sessions a week, with greater efficiency and with better services than when there were four locations and twenty-seven sessions a week.

In 1947, venereal disease clinics were operated in eight other locations by other medical agencies, with a total of thirty-seven sessions a week. Data as to admissions to these clinics are available only from Medicine I of the Johns Hopkins Hospital, but it is believed that the number of admissions to the remainder is relatively small.

The Health Department venereal disease clinics reported 9,404 admissions during the year, of which 4,021 were for gonorrhea, 2,531 for syphilis, 94 for other venereal diseases, 2,066 of persons found not to be infected and 692 in whom the diagnosis was not completed. The Johns Hopkins Hospital clinic reported 900 admissions, of which 232 were for gonorrhea, 550 for syphilis, 40 for other venereal diseases, 74 of persons found not to be infected and 4 in whom the diagnosis was not completed. Thus, at least



10,304 persons were admitted to the venereal disease clinics in the city. The Health Department venereal disease clinics reported 68,271 patient visits, and the Johns Hopkins Hospital clinic reported 19,239 patient visits, a total of 87,510 as shown in Table No. 7.

Plans have been completed for the reorganization of the Health Department congenital syphilis clinics, so that this service will be available at all three clinic locations instead of only at the Druid Health Center as at the present time.

#### *Penicillin Clinic*

On the fifth of May, when the Calvert Street clinic was opened, the penicillin clinic for the treatment of gonorrhea was expanded to two sessions a week, instead of one, and the clinic was moved from its old location in Health Department venereal disease clinic No. 1 to the Calvert Street location. At the same time the preliminary use of sulfonamides for the treatment of gonorrhea was discontinued in all of the Health Department venereal disease clinics, all patients with gonorrhea being referred to the penicillin clinic instead of only those who had failed of cure with sulfonamides. A total of 5,219 patients was treated for gonorrhea in the penicillin clinic during the year. The routine total dose was 150,000 units, given at the rate of 50,000 units every two hours in three doses. Under some conditions larger doses were prescribed.

As soon as a penicillin preparation becomes available which is not as difficult to handle as penicillin in peanut oil and beeswax, patients with gonorrhea will be treated at the regular clinic sessions and the special penicillin clinic sessions will be discontinued.

The Health Department has adopted the policy, followed in many other places, of omitting tests for cure of gonorrhea after penicillin therapy. Patients are instructed to return to the clinic only if they continue to have symptoms of the disease, and to report for a blood test four months after treatment for gonorrhea, unless they are already known to have syphilis and are under treatment or observation for that disease. This policy has resulted in a considerable reduction of visits to the clinics and has greatly reduced the overcrowding.

#### *Baltimore Rapid Treatment Center*

During this third year of its operation, the Baltimore Rapid Treatment Center, a division of the Baltimore City Hospitals, admitted 1,762 patients for the treatment of venereal disease, as shown in Table No. 8. Of these, 1,592 were residents of Baltimore, 167 were residents of the counties of Maryland and 3 were residents of other States. The Health Department venereal disease clinics referred 1,121 of the patients to the Center, the county health departments referred 90, private physicians referred 89

and other clinics and medical agencies referred 462. An additional 51 patients were referred to the Center by the several medical agencies but subsequently elected to take treatment in the clinics or elsewhere and did not go to the Center.

As shown in Table No. 8, 1,571 or 89.2 per cent of the patients admitted to the Center had primary, secondary or early latent syphilis. Pregnancy complicated by syphilis accounted for 406 or 23.0 per cent of the admissions. Females numbered 1,033 or 58.6 per cent of the total admissions, and 1,438 or 81.6 per cent of the patients were colored.

There were 224 fewer patients admitted to the Center in 1947 than in 1946. This was partly due to the fact that admissions from the counties of Maryland had to be limited because of serious overcrowding of the Center during the previous year, and partly due to the increasing reluctance of patients to go to the Center during holiday seasons, such as Thanksgiving and Christmas. It is too early to conclude that there has been any decline in the incidence of syphilis to account for any part of the decline in admissions; in fact, there is no adequate evidence of such a decline in incidence in the number of admissions to the clinics for early syphilis.

#### *City Ordinance No. 217*

City Ordinance No. 217 and City Health Department Regulation 1 under this ordinance were invoked in 38 instances of failure of persons with infectious syphilis to take treatment and 4 instances of refusal of contacts to submit to medical examination. Twenty-five of the 42 persons were colored males, 9 were colored females, 1 was a white male and 7 were white females.

In 16 cases the infected person reported voluntarily to the Rapid Treatment Center on receipt of a letter from the Commissioner of Health directing the patient to take treatment or become subject to the provisions of the ordinance. Seven were allowed to return to the clinics for treatment. It was necessary to summon the patient to court in 15 instances: 8 colored males, 4 colored females and 3 white females. The police magistrates allowed 3 patients to return to the Health Department venereal disease clinics for treatment, with suspension of the fine. The remaining 12 were fined, the fines being suspended when all of the patients agreed to go immediately to the Rapid Treatment Center. Four of the 42 persons could not be found.

Since the adoption of Regulation 1 on August 24, 1945, it has been invoked in 68 cases and it has been necessary to take court action in 22 cases.

#### *Staff Training*

Ten City Health Department nurses received two weeks' training in intravenous and intramuscular techniques at Medicine I of the Johns Hop-

kins Hospital. This brings to 43 the total number of nurses trained in these techniques since the program was begun in January, 1944. Several of the City Health Department nurses have become so proficient in the use of these techniques that it seemed the time had come when nurses could be trained in the Health Department venereal disease clinics. Accordingly, a training program was set up at the Druid Health Center this year, where two nurses have been trained.

Four additional Negro physicians from the Health Department venereal disease clinics were appointed Assistant Clinic Physicians in Medicine I of the Johns Hopkins Hospital during the year. Two of these physicians completed the basic six-months training and accepted invitations to remain an additional six months. The other two had not completed their first six-months training at the end of the year. To date, fourteen Negro physicians from the Health Department venereal disease clinics have received these appointments, and eleven of these have already completed a full year of training.

The Director of the Bureau of Venereal diseases conducted two series of six lectures on the venereal diseases for public health nurses in the Bureau of Public Health Nursing. Approximately half of the nurses have attended these lectures and arrangements have been made for continuing the series for the remainder of the nurses during the coming year.

#### *Baltimore Venereal Disease Council*

The Baltimore Venereal Disease Council held two meetings during the year. This Council continues to serve as an effective meeting place for representatives of those agencies which are concerned with various phases of venereal disease control. Although the Council was organized at a time when venereal disease problems related to war were particularly pressing, it now serves with equal value as a forum for the discussion of peacetime venereal disease problems.

#### *The Armed Services*

The Director and Assistant Director of the Bureau of Venereal Diseases continued to attend the monthly meetings of the Joint Army-Navy Disciplinary Control Board at which problems relating to the control of venereal disease in the Armed Services were discussed. This board was recently reorganized to meet the requirements of a new Armed Services policy, and the new board has been very active in its examination of those facilities for entertainment in the City of Baltimore which are frequented by members of the Armed Services. Hearings are held regularly at which proprietors of taverns and night clubs are called upon to appear and to explain why members of the Armed Services are able to make contacts which lead to infection with venereal disease.

The bureau continued to investigate contacts reported by the Armed Services, although they continued to decrease in number as the number of members of the Armed Services decreased in the city and in the neighboring military establishments.

### Personnel

Nels A. Nelson, M.D., M.P.H., Director  
Harry B. Smith, M.D., M.P.H., Assistant Director  
Richard D. Hahn, M.D., Senior Medical Supervisor  
Frank W. Reynolds, M.D., Senior Medical Supervisor  
Louis E. Harmon, M.D., Medical Supervisor  
Ernest W. Shervington, M.D., Medical Supervisor  
G. Raynor Browne, M.D., Health Officer  
William Berkley Butler, M.D., Health Officer  
Harris Goldman, M.D., Health Officer  
George C. Page, M.D., Health Officer  
J. Douglas Shepperd, M.D., Health Officer  
Charles T. Woodland, M.D., Health Officer  
Ralph J. Young, M.D., Health Officer

### Clinic Physicians

Maurice L. Adams, M.D.	R. Donald Jandorf, M.D.
Townsend W. Anderson, M.D.	William Atwell Jones, M.D.
Maurice L. Barksdale, M.D.	Albert L. Laforest, M.D.
Charles R. Campbell, M.D.	Renold B. Lighston, Jr., M.D.
James D. Carr, M.D.	Frank G. MacMurray, M.D.
H. Garland Chissell, Jr., M.D.	Robert McDaniel, M.D.
John Collinson, M.D.	Israel P. Meranski, M.D.
James P. Grant, Jr., M.D.	George H. Pendleton, M.D.
Thomas W. Harris, Jr., M.D.	William G. Polk, M.D.
Richard H. Hunt, M.D.	John M. Siegel, M.D.

Osborne B. Dixon, Senior Social Worker  
William P. Duffy, Senior Social Worker  
Mattie May Gwynn, Junior Administrative Officer  
Maisie W. Burton, Senior Stenographer  
Yetta Glick, Senior Stenographer  
Beatrice Kravetz, Senior Stenographer  
Louise D. Rosenberger, Senior Stenographer  
Elinor S. Baim, Junior Stenographer  
Grace Hawes, Junior Stenographer  
Anne S. Elliott, Senior Clerk  
Strelsa Johnson, Senior Clerk  
James P. Lynch, Senior Clerk  
Daisy B. Johnson, Clinic Clerk  
Leo M. White, Clinic Clerk  
Mary E. Wilson, Clinic Clerk  
Virginia Thompson, Junior Typist  
Lizzie Mae Lee, Janitress  
Dorothy Chapple, Janitress

TABLE NO. 1  
REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT—  
1943-1947

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1947	1946	1945	1944*	1943*	1947	1946	1945	1944	1943	1947	1946	1945	1944	1943
TOTAL.....	5,394	5,558	5,402	10,972	14,803	5,997	4,047	4,192	2,930	3,349	188	140	90	117	161
Private Physicians.....	815	1,024	3,520	4,197	5,281	420	753	1,313	744	1,202	12	19	14	1	5
City Health Department Clinics.....	2,465	2,647	2,334	2,875	1,824	3,952	2,658	1,703	1,082	1,038	58	66	54	69	70
Other Medical Agencies...	2,114	1,887	2,548	3,900	7,798	1,625	636	1,176	1,104	1,109	118	55	22	47	86

\* Positive blood test reports from City Health Department Bureau of Laboratories counted as cases.

TABLE NO. 2  
REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO COLOR AND SEX OF  
PATIENT—1947

COLOR AND SEX OF PATIENTS	SYPHILIS						GONORRHEA	CHANCROID
	Total	Primary and Secondary	Early Latent	Late and Late-Latent	Congenital	Stage not Stated		
TOTAL.....	5,394	1,746	1,412	1,915	123	198	5,997	188
White.....	1,117	499	210	323	25	60	1,607	71
Male.....	673	357	87	188	7	34	1,383	67
Female.....	444	142	123	135	18	26	224	4
Colored.....	4,277	1,247	1,202	1,592	98	139	4,390	117
Male.....	1,862	687	370	672	44	89	3,741	97
Female.....	2,415	560	832	920	54	49	649	20

**TABLE NO. 3**  
**REPORTED CASES OF CERTAIN VENEREAL DISEASES ACCORDING TO COLOR, SEX**  
**AND AGE OF PATIENT—1947**

AGE	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
CONGENITAL SYPHILIS							
All Ages.....	123	25	7	18	98	44	54
Under 1 year.....	32	5	1	4	27	14	13
1-9 years.....	21	4	2	2	17	11	6
10-19 years.....	33	8	2	6	25	6	19
20 years and over.....	37	8	2	6	29	13	16
ACQUIRED SYPHILIS							
All Ages.....	5,271	1,092	666	426	4,179	1,818	2,361
Under 15 years.....	45	3	2	1	42	12	30
15-19 years.....	596	60	27	33	536	116	420
20-24 years.....	1,361	224	116	108	1,137	439	698
25-29 years.....	1,080	204	119	85	876	377	499
30-34 years.....	727	164	90	74	563	262	301
35-39 years.....	521	105	70	35	416	221	195
40-44 years.....	335	99	75	24	236	142	94
45-49 years.....	239	89	65	24	150	105	45
50 years and over.....	361	141	100	41	220	143	77
Age unspecified.....	6	3	2	1	3	1	2
GONORRHEA							
All Ages.....	5,997	1,607	1,383	224	4,390	3,741	649
Under 15 years.....	120	11	2	9	109	38	71
15-19 years.....	1,024	214	164	50	810	622	188
20-24 years.....	2,532	651	572	79	1,881	1,628	253
25-29 years.....	1,311	343	296	47	968	876	92
30-34 years.....	526	163	145	18	363	331	32
35-39 years.....	265	109	99	10	156	146	10
40-44 years.....	113	43	44	4	65	64	1
45-49 years.....	51	28	27	1	23	23	..
50 years and over.....	44	32	27	5	12	11	1
Age unspecified.....	11	8	7	1	3	2	1

**TABLE NO. 4**  
**RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS,**  
**BY CAUSE OF DEATH AND COLOR—1943-1947**

CERTIFIED CAUSE OF DEATH	1947			1946			1945			1944			1943		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	183	64	119	169	62	107	202	76	126	183	59	124	181	76	105
Syphilis in infants under 1 year of age.....	8	2	6	10	2	8	11	5	6	13	2	11	9	3	6
General paralysis of the insane.....	39	4	35	44	15	29	54	15	39	32	5	27	35	12	23
Taees dorsalis.....	4	4	..	..	..	..	4	3	1	4	3	1	4	3	1
Aneurysm of the aorta.....	61	25	36	54	22	32	71	23	48	50	17	33	55	20	35
Other forms of syphilis.....	71	29	42	61	23	38	62	30	32	64	32	52	78	33	40

TABLE NO. 5  
RESULTS OF INVESTIGATION OF CITY CLINIC PATIENTS BY COLOR,  
SEX OF CONTACT AND DISEASE—1947

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED	PREVIOUSLY KNOWN	NOT FOUND	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED*			
					Total Ex- amined	Infected with V.D.	Not Infected	Examination Not Com- pleted**	Total Infec- tions Dis- covered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
TOTAL.....	3,679	617	787	579	1,696	660	598	438	702	137	146	419
TOTAL SYPHILIS.....	1,628	335	255	175	863	230	453	180	246	121	79	46
White.....	330	87	77	15	151	52	48	51	52	35	12	5
Male.....	168	54	33	12	69	20	26	23	20	12	5	3
Female.....	162	33	44	3	82	32	22	28	32	23	7	2
Colored.....	1,298	248	178	160	712	178	405	129	194	86	67	41
Male.....	707	152	92	105	358	75	201	82	83	31	32	20
Female.....	591	96	86	55	354	103	204	47	111	55	35	21
TOTAL GONORRHEA.....	2,051	282	532	404	833	430	145	258	456	16	67	373
White.....	432	78	130	37	187	104	27	56	105	0	3	102
Male.....	158	54	45	9	50	30	11	9	30	0	1	29
Female.....	274	24	85	28	137	74	16	47	75	0	2	73
Colored.....	1,619	204	402	367	646	326	118	202	351	16	64	271
Male.....	405	139	61	72	133	83	24	26	89	3	13	73
Female.....	1,214	65	341	295	513	243	94	176	262	13	51	198

\* Some contacts were found to have multiple infections, hence the sum of infections discovered is greater than the number of contacts found infected.

\*\* Of these, 214 were treated as presumed to have gonorrhea.

TABLE NO. 6  
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES  
CLASSIFIED BY COLOR, SEX OF CONTACT AND DISEASE—1947

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED	PREVIOUSLY KNOWN	NOT FOUND	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED*			
					Total Ex- amined	Infected with V.D.	Not Infected	Examination Not Com- pleted**	Total Infec- tions Dis- covered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
TOTAL.....	1,670	118	752	249	551	234	128	191	246	74	87	85
TOTAL SYPHILIS.....	1,027	96	440	111	380	163	70	147	171	73	80	18
White.....	163	11	82	15	55	25	8	22	28	18	6	4
Male.....	56	5	22	8	21	7	2	12	8	6	1	1
Female.....	107	6	60	7	34	18	6	10	20	12	5	3
Colored.....	864	85	358	96	325	138	62	125	143	55	74	14
Male.....	459	49	172	58	180	69	44	67	71	25	38	8
Female.....	405	36	186	38	145	69	18	58	72	30	36	6
TOTAL GONORRHEA.....	643	22	312	138	171	71	56	44	75	1	7	67
White.....	266	10	134	34	88	46	30	12	46	..	..	46
Male.....	9	2	4	1	2	..	2	..	..	..	..	..
Female.....	257	8	130	33	86	46	28	12	46	..	..	46
Colored.....	377	12	178	104	83	25	26	32	29	1	7	21
Male.....	64	7	17	22	18	3	13	2	3	..	..	3
Female.....	313	5	161	82	65	22	13	30	26	1	7	18

\* Some contacts were found to have multiple infections, hence the sum of infections discovered is greater than the number of contacts found infected.

\*\* Of these, 33 were treated as presumed to have gonorrhea.



TABLE NO. 7  
ADMISSIONS TO VENEREAL DISEASE CLINICS BY DISEASE  
AND VISITS BY COLOR AND SEX—1947

DISEASE	CITY CLINICS			OTHER CLINICS*		
	ADMISSIONS					
	Total Ad- missions	Treatment Status on Admission		Total Ad- missions	Treatment Status on Admission	
		No Pre- vious Treatment	Previous Treatment		No Pre- vious Treatment	Previous Treatment
TOTAL.....	9,404	8,291**	1,113	900	570	330
Total Syphilis.....	2,531	1,625	906	550	275	275
Primary and Secondary.....	1,074	823	251	70	58	12
Early Latent.....	827	531	296	39	23	16
Late Latent and Late.....	586	247	339	417	180	237
Congenital.....	43	23	20	24	14	10
Stage Not Stated.....	1	1	..	..	..	..
Gonorrhea.....	4,021	3,895	126	232	190	42
Presumptive of Gonorrhea†.....	313	311	2	..	..	..
Chancroid.....	59	59	..	16	12	4
Lymphogranuloma Venereum.....	10	9	1	17	13	4
Granuloma Inguinale.....	25	21	4	7	3	4
Not Infected with V.D.....	2,066	2,053	13	74	74	..
Diagnosis Not Completed.....	379	318	61	4	3	1
RACE AND SEX	VISITS					
TOTAL.....	68,271‡			19,239		
White.....	11,303			1,473		
Male.....	6,368			873		
Female.....	4,935			600		
Colored.....	56,968			17,766		
Male.....	31,500			6,766		
Female.....	25,468			11,000		

\* The Johns Hopkins Hospital, Medicine 1; the only other clinic reporting.

\*\* Includes 2 primary and secondary syphilis, 1 early latent syphilis and 5 gonorrhea, in which treatment status on admission was not stated.

† Contacts of patients with gonorrhea; diagnosis not completed, but treated for gonorrhea.

‡ Does not include 5,219 visits to Penicillin Clinic for treatment of gonorrhea.

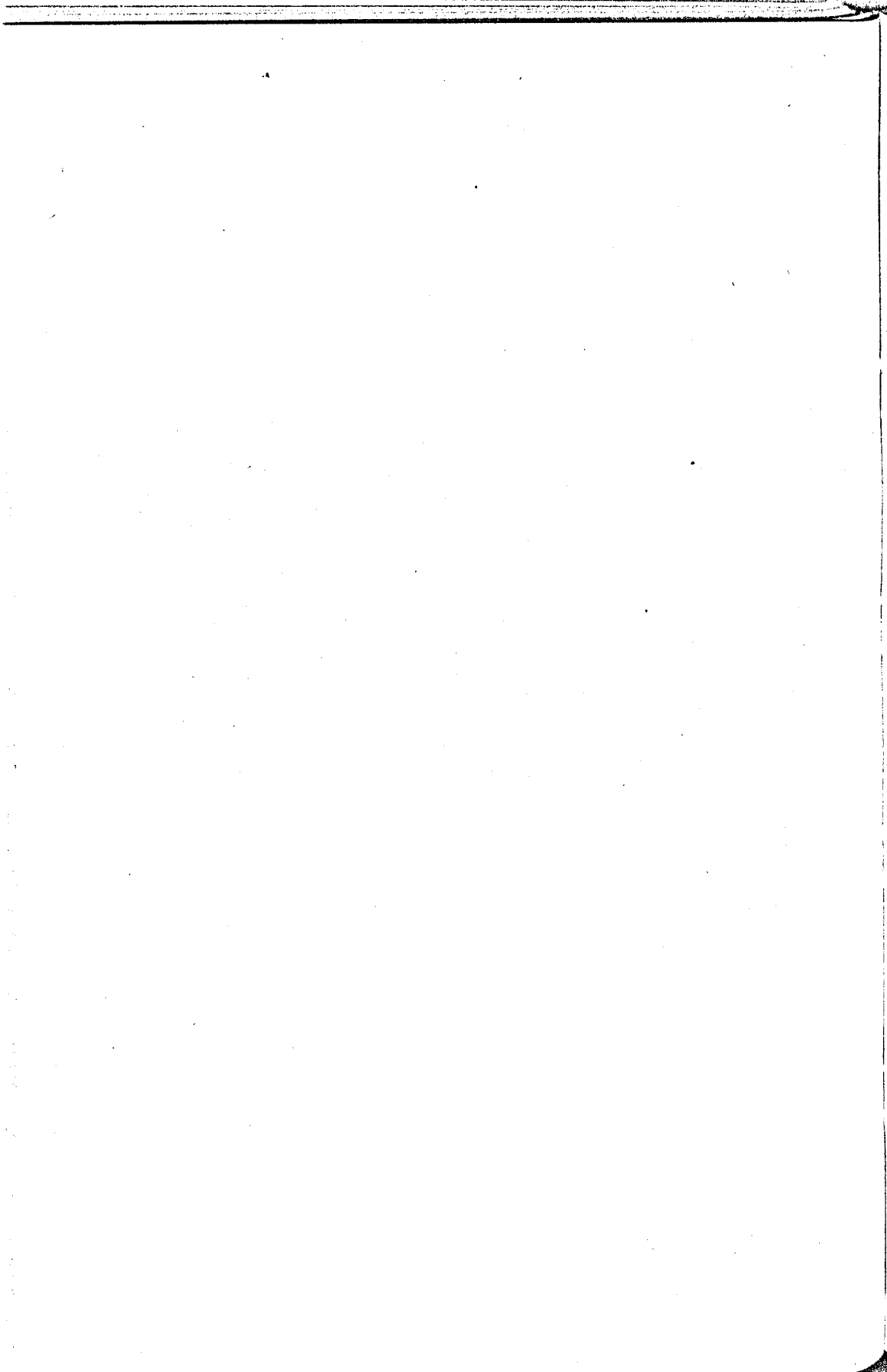
TABLE NO. 8  
ADMISSIONS TO BALTIMORE RAPID TREATMENT CENTER  
FOR VENEREAL DISEASE—1947

REFERRING AGENCY	TOTAL	COLOR AND SEX				PRINCIPAL DIAGNOSIS ON ADMISSION*							PREGNANCY AND SYPHILIS*	RESIDENCE		
		WHITE		COLORED		SYPHILIS					ALL OTHER V.D.	City of Baltimore		Counties of Maryland	Out of State	
		Male	Female	Male	Female	Total Syphilis	Primary	Secondary	Early Latent	All Other Syphilis						
TOTAL.....	1,762	160	164	569	869	1,757	395	700	476	186	5	406	1,592	167	3	
City Clinics.....	1,121	117	89	451	464	1,117	318	456	287	56	4	164	1,091	29	1	
Calvert Street†.....	335	117	89	64	65	335	120	130	75	10	..	27	316	18	1	
Druid Health Center.....	466	..	..	222	244	465	110	215	111	29	1	88	460	6	..	
Somerset Health Center.....	320	..	..	165	155	317	88	111	101	17	3	49	315	5	..	
Other Agencies.....	641	43	75	118	405	640	77	244	189	130	1	242	501	138	2	
County Health Departments.....	90	10	8	24	48	90	11	41	27	11	..	26	2	88	..	
Baltimore City Hospitals.....	25	4	5	5	11	25	1	12	6	6	..	7	21	4	..	
Johns Hopkins Hospital.....	218	3	20	48	147	218	31	79	63	45	..	77	206	12	..	
University Hospital.....	187	5	13	27	142	187	20	67	51	49	..	93	182	5	..	
Other Agencies.....	32	2	15	1	14	32	2	14	8	8	..	10	24	6	2	
Private Physicians.....	89	19	14	13	43	88	12	31	34	11	1	29	66	23	..	

\* Syphilis, if present, in all cases of multiple infection, unless admission specifically requested for some other venereal disease.

\*\* Included with "Syphilis" under "Principal Diagnosis on Admission."

† City Clinics No. 1 and 3 were combined to form Calvert Street Clinic on May 5, 1947. Data pertaining to these clinics, accumulated prior to that date, are included with data for Calvert Street Clinic.



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**BUREAU OF CHILD HYGIENE**

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## BUREAU OF CHILD HYGIENE

M. Alexander Novey, M.D.

*Director*

Beginning with the fertilization of an almost microscopic egg cell, the life cycle of a child progresses with rapid sequence from embryo to infant to preschool child to school child to adolescent to adult. In order to be healthy and strong and live a normal life, a child should be born of healthy parents under favorable conditions, have a happy and affectionate family life in a home that provides adequate shelter and have the right food for his age and special needs. He should have intelligent guidance in forming good habits and proper health supervision and protection against disease.

### *Infant Mortality*

The reduction of mortality in the first year of life from 64.7 per 1,000 live births in 1936 to 35.5 in 1946 has reached a new low record with a rate of 32.7 for 1947. The preponderant number of these deaths were from premature birth, birth injuries, congenital malformations, pneumonia and diarrhea and enteritis.

A further decrease in infant mortality depends largely on a reduction of neonatal mortality and since one-half the deaths among infants dying during the first weeks of life and about one-third of all deaths during the first year of life are among babies born prematurely, it is obvious that it is important to stress activity along the lines of prevention and care where the premature infant is concerned.

The service begun on June 17, 1946 for the transportation of premature infants utilizing the ambulances of the City Fire Department has continued most satisfactorily and 88 premature infants were taken through this service to the various hospitals in the city during 1947. In cooperation with the Bureau of Public Health Nursing, the Bureau of Child Hygiene participated in the postgraduate training program in the care of premature infants conducted for nurses by the Johns Hopkins Hospital.

### *Education*

Members of the bureau staff were actively engaged throughout the year in disseminating public health information. The role of "Dr. Ashley" was continued by the director of the bureau each week throughout the year in the "Keeping Well" radio drama broadcasts. As in the past years, visitors from many parts of the United States and from foreign countries

studied the activities of the bureau. The director of the bureau gave a number of lectures on public health subjects to groups of physicians and nurses at the Johns Hopkins University and the University of Maryland and was chosen as Chairman of the Radio Committee for the Southern Medical Association meeting in Baltimore in November. He also participated actively as a member of the Board of Trustees and of the Medical Advisory Board in the formation of the Maryland Rheumatic Fever Association, a new organization established for the purpose of providing necessary facilities in Maryland for the diagnosis and care of cases of rheumatic fever.

### *Well Baby Clinics*

On May 19 Dr. Elizabeth Woodward was appointed as Administrative Health Officer and was assigned the supervision of the clinic activities of the bureau. Following the resignation on June 30 of Dr. Mary Cook Willis, who had been in the city employ for almost forty years, Dr. Woodward took over the inspection and licensing of day nurseries, nursery schools and boarding homes.

On January 1, the seventh transfer of clinics of the Babies Milk Fund Association to the City Health Department was made effective. The two clinics transferred to the bureau with four sessions each week were located at 1418 Light Street and 268 S. Highland Avenue. The Department well baby clinic held at the First Church of God, Philadelphia Road and Highland Avenue, was moved to the Southeastern Health District building and the clinic held once weekly at the Druid Health Center was increased to two sessions weekly.

Well baby clinics were operated at 40 locations during the year with a total of 73 sessions each week. The total number of visits made to the well baby clinics was 55,615 in 1947 as compared with 42,892 in 1946 including special visits made to the clinics by children who were not registered as clinic patients. The bureau continued to cooperate with the Division of Nutrition in the distribution of the informational cards on the care and feeding of infants and children. Vaccinations against smallpox were given to 9,427 children, including 827 children in the Babies Milk Fund Association clinics, as compared with 6,709 in 1946.

### *Home Visiting Service*

There were 23,846 Records of Child Under Six Years assigned to the Bureau of Public Health Nursing for neonatal home visits and delivery of the *Notification of Birth Registration*.

The instillation of a solution of penicillin of the strength of 1,000 units per cubic centimeter has been substituted for the use of argyrol in the treat-

ment of ophthalmia neonatorum and after a trial period in the Eastern Health District was made city-wide on March 1. This treatment service for sore eyes in newborn infants is made available to those parents who are unable to afford the care of a private physician or on request of a physician. All of the Department field nurses have been trained in the technique of handling cases of ophthalmia neonatorum in the home and the treatment service is available on a twenty-four-hour basis including weekends and holidays.

#### REPORTED CASES OF OPHTHALMIA NEONATORUM—1947

Cases reported and investigated by Health Department.....	358
Cases assigned for nursing care.....	263
Total visits by public health nurses.....	1,295
Cases sent to Sydenham Hospital for treatment.....	0
Cases sent to other hospitals for treatment.....	1

#### *Diphtheria Prevention*

There were 23,937 six months greeting cards urging diphtheria toxoid inoculation sent by the Commissioner of Health to resident infants. As in previous years all infants who reached eight months of age and had not received the preventive toxoid inoculation were visited by public health nurses and the parents urged to protect the child against diphtheria. A total of 24,870 home visits was made by public health nurses for diphtheria prevention follow-up. Physicians in private practice reported to the Health Department that 12,582 children were given the toxoid inoculations as compared with 8,309 in 1946. In the well baby clinics, including 819 children in the Babies Milk Fund Association clinics, preventive toxoid inoculations were given to 10,815 children as compared to 10,455 in 1946.

#### *Class A Family Homes*

In 1947 a new program for the licensing of Class A family homes (boarding homes) was begun. On April 22 the Health Department issued the first Class A family home license for the foster care of children. These licenses are issued jointly by the City Health Department and the State Department of Public Welfare after a social investigation and determination of the health hazards involved. Ninety-four such licenses were issued during the year. Homes were referred for licensure by ten organizations approved by the State Department of Public Welfare as child-placing agencies. Splendid cooperation was received by the bureau from the Sanitary Section of the Health Department in the inspection of these homes.

#### *Day Nurseries, Nursery Schools and Child-Caring Institutions*

Fifty-three day nurseries and nursery schools, 46 white and 7 colored, were licensed during the year, 8 representing new licenses. Eight licenses



were discontinued during the year. Excluding the months of June, July and August the average monthly enrollment was 283 children in the day nurseries and 1,367 in the nursery schools. The average daily attendance except for the summer months was 217 children.

In 1947 there were 369 cases of communicable diseases in day nurseries and nursery schools as compared with 394 cases in 1946. At the request of 11 child-caring institutions in Baltimore, medical and sanitary inspections were made.

### Mental Hygiene

On February 10 a Division of Mental Hygiene was established in the bureau with the appointment of Sibyl Mandell, Ph.D. as Chief of the Division. The first purpose of the division has been an educational one consisting primarily of the in-service training of clinic physicians and public health nurses in the principles and techniques of preventive mental hygiene. This service of the bureau employs a new approach to mental hygiene which is sometimes called anticipatory guidance.

The Eastern Health District was selected as the first area to take part in the program. A meeting of the clinic physicians conducting well baby clinics in the district was arranged to acquaint them with the aims of the new program. An *Outline of Mental Hygiene for Public Health Nurses* was prepared to serve as a syllabus for seminars and as a guide for home visiting. Beginning May 29 a series of lectures and seminars was held for public health nurses in the Eastern Health District which continued throughout the year. Emphasis was placed on the preventive aspects of mental hygiene and on emotional health rather than on emotional instability.

### Maternity Hygiene

There were 23,992 resident births reported in 1947 as compared with 21,111 in 1946. This is the largest number of resident births reported in the history of the city. The number of hospital deliveries for the year was 87.7 per cent of the total number of deliveries in the city as compared with 87.5 per cent in 1946. The percentage of births reported by midwives was 2.1 in 1947 as compared with 2.4 in 1946. The number of women delivered by midwives in Baltimore has been steadily decreasing over the past forty years. The protection of expectant mothers from hazards of childbearing through a decrease in the number of midwives who for the most part are untrained has been one factor in the constantly improving care available to expectant mothers in the city. The percentage of births attended by midwives in Baltimore has steadily decreased from 40 per cent in 1908 to the present low figure of 2.1 per cent. There were seventeen midwives who

delivered one or more babies in the city during 1947, eight of whom were white and nine colored.

### *Maternal Mortality*

The resident maternal mortality rate was 1.1 per 1,000 live births as compared with 1.2 in 1946. The Physicians' Conference on Maternal Mortality continued to be held each month throughout the year except August as a part of the activities of the Joint Committee on Maternal Mortality appointed annually by the President of the Baltimore City Medical Society and the Commissioner of Health. These conferences have continued to be of immeasurable value through the critical analysis and discussion of every maternal death in the city. The director of the bureau has served for many years as a member of this committee and in addition is a member of the Committee on Maternal and Child Welfare of the Medical and Chirurgical Faculty of Maryland set up for the purpose of studying similar deaths occurring in the counties of Maryland.

### *X-ray Examinations*

There were 1,124 chest X-ray examinations made at the Druid Health Center of patients attending the University of Maryland and the City Health Department prenatal clinics and 620 such examinations made in the Eastern Health District. X-ray examination of the chests of expectant mothers has increasingly become a part of the complete physical examination at the beginning of pregnancy throughout the city with the result that cases of early tuberculosis and other pathological conditions have been discovered which if neglected would have resulted in serious consequences in many instances for both mothers and children.

### *Rh Blood Typing*

The routine examination of the blood of pregnant women for the Rh factor was continued in 1947. This type of examination is available to all patients attending the Health Department prenatal clinics through the cooperation of the Baltimore Rh Typing Laboratory. This laboratory made 9,926 blood examinations for the Rh factor in 1947 for patients attending Health Department clinics and their families.

### *Maternity Hygiene Clinics*

The Health Department prenatal clinics continued to be held throughout the year at eight locations in the city with a total of twelve clinic sessions each week. There were 1,045 patients delivered at the Baltimore City Hospitals who received prenatal care at these clinics as compared with 1,387 in 1946. The prenatal clinic conducted at Public School No. 99,

North Avenue and Washington Street, was discontinued because of the decreased number of white patients in this area requiring this service and in its place a new prenatal clinic for colored patients was opened in August in the Cherry Hill Housing Project. Through the cooperation of the Division of Nutrition, a program for the instruction of expectant mothers in nutrition was begun on April 16.

There were 325 prenatal cases referred by midwives to Health Department clinics during the year. Of these 46 were white and 279 were colored patients and 87 were primiparas and 238 were multiparas. All of the facilities of the prenatal clinics were made available to these patients and hospital delivery arranged for those patients showing abnormalities contraindicating their delivery at home by the midwives. No license has been issued to a midwife since December 3, 1936.

### *Maternal Deaths*

Two patients registered at the Health Department prenatal clinics died at the Baltimore City Hospitals. Both of these deaths were due to maternal causes and were considered by the Physicians' Conference on Maternal Mortality to be nonpreventable deaths. The maternal mortality rate for the entire clinic group was 1.9 per 1,000 as compared with the rate of 1.4 recorded for 1946.

The histories of the two fatal cases of patients registered in the Health Department clinics are as follows:

#### Maternal Deaths

1. Health Department Registration No. 18,092: Hemorrhage.

Age 31, colored, multipara (para 4-0-1-4) serologic test for syphilis positive, Rh positive, pelvis normal, estimated date of confinement March 8, 1947. This patient was admitted to the hospital on March 15, 1947 at term and in early labor. Her past history was noncontributory except for treatment for syphilis for eleven months prior to admission to the hospital. She had four uneventful term pregnancies and one spontaneous abortion. Her first visit to the prenatal clinic was on November 7, 1946 which was followed by six subsequent observations. During the course of her pregnancy she gained nineteen pounds and her blood pressure varied between 105 and 115 systolic and 65 and 70 diastolic. Urinalysis each visit was negative except for a trace of sugar at the last visit on March 6. First X-ray examination was negative. On admission to the hospital her temperature was 99°F., the pulse rate 82 and respirations 20 per minute. Examination of the urine was negative and the hematocrit was 35. The general physical examination was negative and the blood pressure was 124/78. The height of the fundus was 29 cm. above the symphysis and the fetal head was found floating in the R.O.A. position with the fetal heart in the right lower quadrant. The cervix was undilated and the membranes were intact. Several hours later labor became more active and with the cervix 2 cm. dilated the membranes were ruptured and a scalp clamp applied to the scalp following the escape of a great deal of amniotic fluid. Six drams of paraldehyde were given following which uterine contractions ceased. Two hours after its application the scalp clamp came away. The patient slept throughout most of the night. Penicillin was begun prophylactically and at 7:30 A.M. the following morning contractions began again. The patient's temperature was 99°F. and the pulse rate 100 at this time. At 2:10 P.M. a second vaginal examination was done with no change in the findings. X-ray of the abdomen did not reveal any abnormality. At 10:00 A.M. on March 17 examination revealed no progress in the course of labor and during the evenings of March 19 and March 20 there were some uterine contractions but labor ceased again and the patient was transferred to the ward. On March 23 labor began again at 9:45 P.M. and soon became very active. The blood pressure at this time was 120/80 and the fetal heart was heard. Labor progressed normally and at 1:00 A.M. the patient seemed well but at 1:05 A.M. she cried out for the nurse

and suddenly went into profound shock. Oxygen, glucose and citrated blood were begun. At 1:43 A.M. she spontaneously delivered of a dead child weighing 7 lb. 2 oz. 800 c.c. of blood were lost immediately following delivery and the expression of the placenta two minutes after delivery was accompanied by more loss of blood and dark clots. The maternal surface of the placenta was covered with dark clotted blood. Intravenous ergotrate and pitocin failed to make the uterus contract and because the patient continued to bleed the uterus was packed with gauze at 3:00 A.M. The patient did not recover from the shock and died at 3:42 A.M. on March 24 after having received 2,000 c.c. of whole blood. Postmortem examination revealed extreme pallor of all the organs but there were no other significant abnormalities.

2. Health Department Registration No. 18553: Embolus.

Age 18, colored, primipara (para 0-0-0-0), serologic test for syphilis positive, Rh positive, pelvis normal, chest X-ray examination negative, estimated date of confinement June 25, 1947. The patient was seen in the prenatal clinic on April 16, April 23 and May 23 and at the time of these visits her blood pressure was normal and urinalysis was negative. Following her second visit to the prenatal clinic she received penicillin treatment for her syphilis at the Rapid Treatment Center. She was next seen in the accident room of the hospital on June 1 complaining of continuous headache for the past two days. On admission to the hospital her blood pressure was 212/110 and the urine showed a four plus albuminuria. There was minimal ankle edema and a systolic murmur was heard over the aortic area. The height of the fundus was 23 cm. above the symphysis, the fetal heart 160 per minute, the fetal head floating and the estimated size of the fetus about 4 lb. Shortly after admission some muscular twitchings of the upper extremities were noted and five minutes later the patient was found staring into space and comatose. At this time her blood pressure was 174/90. Examination by a medical consultant was requested and he advised continued observation. Two hours later her blood pressure was 176/104 and the patient sat up and attempted to climb out of bed. Lumbar puncture was done upon the advice of a neurological consultant which revealed no abnormalities. Retinal examination revealed acute hypertensive degeneration following choroiditis. Intensive toxemia therapy was begun consisting of hypertonic glucose, paraldehyde, thiamin chloride, liver extract and 50 per cent magnesium sulphate. 40,000 units of penicillin every three hours and digitalis were begun. The blood pressure fluctuated between 150/105 and 180/120. About thirty hours following admission labor began spontaneously and after four hours the patient delivered easily of a living child weighing 4 lb. 9½ oz. Following delivery the blood pressure fluctuated considerably between 125 to 205 systolic and 80 to 105 diastolic. For the first six days her temperature was essentially normal but on her seventh postpartum day it rose to 101°F. returning to normal on the fourteenth day. She was given 500 c.c. of citrated blood with a rise in temperature to 102°F. Repeated blood and urine cultures were negative. On June 15 there was a free foul lochia with tenderness in the lower abdomen. On June 19, seventeen days postpartum her temperature rose to 105°F. and a diagnosis of atelectasis and serofibrinous pleuritis of the right lower lung was made. A surgical consultant at this time also diagnosed pelvic cellulitis and thrombophlebitis of the pelvic veins. One June 7 the patient was taken to the operating room for ligation of the inferior vena cava. She was given 15 mgm. of pontocaine for spinal anesthesia, the abdomen was opened and while the vascular structures were being inspected the patient's blood pressure could not be obtained and she was pronounced dead at 2:35 P.M. Postmortem examination revealed a thrombosis of the left iliac vein and the inferior vena cava, bilateral pulmonary embolism, multiple pulmonary infarction, fibrinous pleuritis, pleural effusion, atelectasis and toxic hepatitis.

### *Maternity Hospitals*

At the close of the year seventeen maternity hospital licenses were in force, one representing a new license issued in 1947 and the remainder relicenses. One license was held in abeyance. A total of 18 inspections of maternity hospitals was made during the year.

### **Personnel**

M. Alexander Novey, M.D., Director  
Elizabeth Woodward, M.D., Administrative Health Officer  
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene  
J.W.V. Clift, M.D., Health Officer  
W. Allen Deckert, M.D., Health Officer  
Walter E. Grempler, M.D., Health Officer

Lucille Liberles, M.D., Health Officer

Isadore A. Siegel, M.D., Health Officer

*Clinic Physicians*

McDonald M. Bando, M.D.

Walter P. Block, M.D.

Helen Bowie, M.D.

Alfred B. Dixon, M.D.

Solon A. Dodds, M.D.

Hania Wislicka Ehlers, M.D.

Mary L. Hayleck, M.D.

Clewell Howell, M.D.

Renold B. Lighston, Jr., M.D.

Jerry C. Luck, M.D.

C. F. Maloney, M.D.

John Huff Morrison, M.D.

William Gaston Polk, M.D.

Frances E. M. Read, M.D.

Alma S. Rothholz, M.D.

William C. Stifler, M.D.

William Earl Weeks, M.D.

Henry Lyman Whittle, M.D.

Gustav H. Wolterreck, M.D.

Yetta Appel, Senior Stenographer

Golda Hyman, Senior Clerk

Mary E. Kiehne, Senior Clerk

Lillian H. Marley, Senior Clerk

Janie MacLeod, Junior Stenographer

TABLE NO. 1  
REPORT OF WELL BABY CLINICS

CLINIC	CHILDREN ON REGISTER JAN. 1, 1947		NEW CHILDREN REGISTERED DURING 1947		TOTAL CHILDREN REGISTERED DURING 1947		CHILDREN ON REGISTER DEC. 31 1947		CLINIC VISITS					
	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Return		Total		Under 1 yr.	1-5 yrs.
									Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.		
ALL CLINICS.....	4,476	7,335	5,642	400	10,118	7,735	6,326	9,293	34,492	15,081	40,134	15,481		
WHITE														
Total White Clinics.....	1,685	2,207	2,309	245	3,994	2,452	2,732	2,477	14,570	8,638	16,879	8,883		
Clinic #11.....	39	90	52	4	91	94	77	87	298	99	350	103		
Clinic #12.....	21	100	2	..	23	100	11	108	252	129	254	129		
Clinic #13.....	7	2	2	1	9	3	7	4	23	31	25	32		
Clinic #14.....	43	167	70	6	113	173	94	135	751	395	821	401		
Clinic #15.....	22	164	32	3	54	167	39	174	556	243	618	246		
Clinic #16.....	1	82	56	4	57	88	44	78	623	373	679	377		
Clinic #22.....	81	94	98	3	179	97	123	85	457	347	555	350		
Clinic #23.....	66	48	74	5	140	53	73	8	295	136	369	141		
Clinic #41.....	146	134	131	8	277	142	153	238	862	157	993	165		
Clinic #42.....	141	206	157	7	298	213	251	250	981	340	1,138	347		
Clinic #43.....	93	9	112	3	205	12	142	..	539	205	651	208		
Clinic #45.....	105	70	93	11	198	81	137	61	625	378	718	389		
Clinic #47.....	87	90	63	9	150	99	99	94	492	200	555	209		
Clinic #49*.....	..	..	179	69	179	69	156	69	644	319	823	388		
Clinic #51*.....	..	..	198	28	198	28	95	68	879	498	1,077	526		
Clinic #53.....	36	51	29	3	65	54	40	66	202	220	231	223		
Clinic #55.....	62	50	75	8	137	58	129	26	775	524	850	532		
Clinic #56.....	46	29	38	3	84	32	48	27	178	138	216	141		
Clinic #57.....	139	107	145	21	284	128	139	177	706	793	851	814		
Clinic #58.....	30	32	41	3	71	35	40	54	231	134	272	137		
Clinic #62.....	73	78	128	10	201	88	137	133	810	504	936	514		
Clinic #63.....	94	232	132	7	226	239	186	210	950	690	1,082	697		
Clinic #64.....	106	63	68	2	174	65	110	88	571	334	639	336		
Clinic #65.....	31	117	53	3	84	120	48	105	321	366	374	369		
Clinic #72.....	64	4	71	1	135	5	71	7	586	345	657	346		
Clinic #82.....	33	99	105	10	138	109	66	85	417	289	522	299		
Clinic #92.....	86	41	67	6	153	47	148	10	331	249	398	255		
Clinic #93.....	33	48	38	7	71	55	69	35	185	202	223	209		
COLORED														
Total Colored Clinics.....	2,791	5,128	3,333	155	6,124	5,283	3,594	6,816	19,922	6,443	23,255	6,598		
Clinic #11.....	244	402	78	4	322	406	309	400	616	213	694	217		
Clinic #12.....	100	301	6	..	106	301	93	305	1,024	247	1,030	247		
Clinic #13.....	41	276	56	4	97	280	91	264	872	272	928	276		
Clinic #15.....	57	316	30	4	87	320	58	340	881	228	911	232		
Clinic #16.....	17	435	72	..	89	435	58	413	1,132	446	1,204	446		
Clinic #17.....	8	474	186	37	194	511	174	519	1,535	627	1,721	664		
Clinic #23.....	222	261	302	1	524	262	280	190	1,033	301	1,335	302		
Clinic #24.....	180	181	217	2	397	183	231	202	935	311	1,152	313		
Clinic #25.....	94	120	99	5	193	125	113	129	536	145	635	150		
Clinic #26.....	123	129	136	1	259	130	138	137	594	123	730	124		
Clinic #31.....	140	248	224	5	364	253	194	418	927	289	1,151	294		
Clinic #32.....	174	220	248	8	422	228	209	458	1,207	474	1,455	482		
Clinic #33.....	363	334	464	14	827	348	463	707	1,984	504	2,448	518		
Clinic #34.....	108	201	125	4	233	205	123	321	502	143	626	147		
Clinic #35.....	243	498	331	11	574	507	309	640	1,783	421	2,114	432		
Clinic #36.....	292	529	325	10	617	539	254	875	2,291	740	2,616	750		
Clinic #46.....	77	13	73	2	150	15	96	15	440	194	513	196		
Clinic #48.....	70	45	69	4	139	49	102	69	320	126	389	130		
Clinic #52.....	74	79	62	3	136	82	87	133	249	115	311	118		
Clinic #54.....	65	38	45	5	110	43	66	82	209	124	255	129		
Clinic #59.....	99	30	185	21	284	61	146	199	852	400	1,037	431		

\* Clinic opened January, 1947.

TABLE NO. 2  
REPORT OF CLASS A FAMILY HOMES (BOARDING HOMES), DAY NURSERIES  
AND NURSERY SCHOOLS—1947

LICENSES AND AGENCY	CLASS A FAMILY HOMES	DAY NURSERIES AND NURSERY SCHOOLS		
	TOTAL	TOTAL	WHITE	COLORED
Total licensed, December 31, 1947.....	94	53	46	7
New licenses issued.....	94	8	6	2
Licenses renewed.....	..	45	40	5
Licenses discontinued.....	3	8	5	3
Referred to Sanitary Section.....	236			
Maximum capacity, Dec. 31, 1947.....	154	1,932	1,684	248
Referred for licensing.....	275			
Baltimore County Welfare Board.....	11			
Baptist Children's Aid Society of Maryland.....	3			
Board of Child Care.....	4			
Catholic Charities.....	82			
Children's Home of Baltimore.....	5			
Church Mission of Help.....	20			
Department of Public Welfare				
Children's Division.....	64			
Protective Services for Children.....	6			
Family and Children's Society.....	64			
Jewish Family and Children's Bureau.....	10			
Maryland Children's Aid Society.....	6			

TABLE NO. 3  
SUMMARY OF CASES OF COMMUNICABLE DISEASE IN LICENSED DAY NURSERIES AND  
NURSERY SCHOOLS TOGETHER WITH AVERAGE MONTHLY ENROLLMENT  
AND AVERAGE DAILY ATTENDANCE IN 1947

ENROLLMENT AND DISEASE	DAY NURSERIES			NURSERY SCHOOLS		
	Total	White	Colored	Total	White	Colored
Average monthly enrollment						
September 1-May 31.....	283	196	87	1,367	1,237	130
June 1-August 31.....	279	193	86	722	667	55
Average daily attendance						
September 1-May 31.....	217	150	67	1,159	1,060	99
June 1-August 31.....	201	143	58	606	568	38
Communicable diseases.....	22	19	3	347	307	40
Chickenpox.....	5	4	1	220	195	25
Conjunctivitis.....	..	..	..	4	4	..
German measles.....	..	..	..	4	3	1
Measles.....	4	2	2	3	2	1
Mumps.....	10	10	..	58	58	..
Ringworm.....	..	..	..	2	2	..
Scarlet fever.....	..	..	..	22	21	1
Trench mouth.....	..	..	..	1	1	..
Whooping cough.....	3	3	..	33	21	12

TABLE NO. 4  
REPORT OF PRENATAL CLINICS

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		914 W. 36TH STREET HOSPITAL	SOUTH BALTO. GENERAL HOSPITAL		PUBLIC SCHOOL No. 99	CHERRY HILL	SOUTH- EASTERN HEALTH DISTRICT		SOMERSET HEALTH CENTER	WOMEN'S HOSPITAL	EASTERN HEALTH DISTRICT	
		Wh.	Col.		Wh.	Col.			Wh.	Col.			Wh.	Col.
Cases carried over from 1946.....	274	66	208	5	16	27	2		23	41	37	8	12	29
New cases admitted.....	1,159	132	1,027	13	29	108	6	37	23	17	148	25	18	226
Transferred from other clinics.....	123	5	118	4	1	2		21	6	7	56	33	2	28
Total case load.....	1,556	203	1,353	18	46	137	8	58	66	24	241	33	32	283
DISCHARGED CASES														
Total.....	1,272	159	1,113	16	33	116	8	40	49	15	209	25	28	249
Not pregnant.....	11	1	10	8	26	96	4	40	41	10	171	21	20	169
Delivered in hospitals*.....	1,045	125	920	13	7	1			7	5	3	4	5	19
Delivered at home.....	12	12		3	7	19	4		1	5	25		2	59
Transferred.....	85	26	59	3	1	1								
Transferred to other clinics.....	119	7	112	4										
Cases carried over to Jan., 1948.....	284	44	240	2	13	21		18	17	9	32	8	4	34
CLINIC VISITS														
Total.....	8,526	867	7,659	75	189	697	31	253	320	95	1,187	123	129	1,567
Antepartum.....	1,159	132	1,027	13	29	108	6	37	24	17	148	25	18	226
First visits.....	5,966	640	5,326	57	142	510	25	187	411	77	763	82	90	1,040
Revisits.....														
Postpartum.....	681	45	636	3	9	44		16	15	1	141	7	11	154
Registered.....	68	7	61	1		1			4		6	2		19
Unregistered.....														
Infants.....	601	39	562	1	9	34		13	14		124	5	10	122
Registered.....	51	4	47						2		5	2		6
Unregistered.....														
ANALYSIS OF NEW CASES														
Duration of pregnancy.....														
Not pregnant.....	2	7	3	1		1		1	5		1		1	10
Under 12 weeks.....	25	18	7	3	6	27	2	10	10	3	26	5	3	54
12-23 weeks.....	268	29	239	119	4	10	48	17	8	6	32	6	2	63
24-27 weeks.....	315	36	279	114	1	6	20	6	9	7	31	4	2	63
28-31 weeks.....	239	22	217	91	5	8	1	3	4	1	43	7	4	14
32-35 weeks.....	201	22	179	110	1	2		1	5	1	14	3	2	20
36 weeks and over.....	98	13	85	45	2	4		1		1				
Undetermined.....	10	3	5	7			1							1

\* Baltimore City Hospitals.



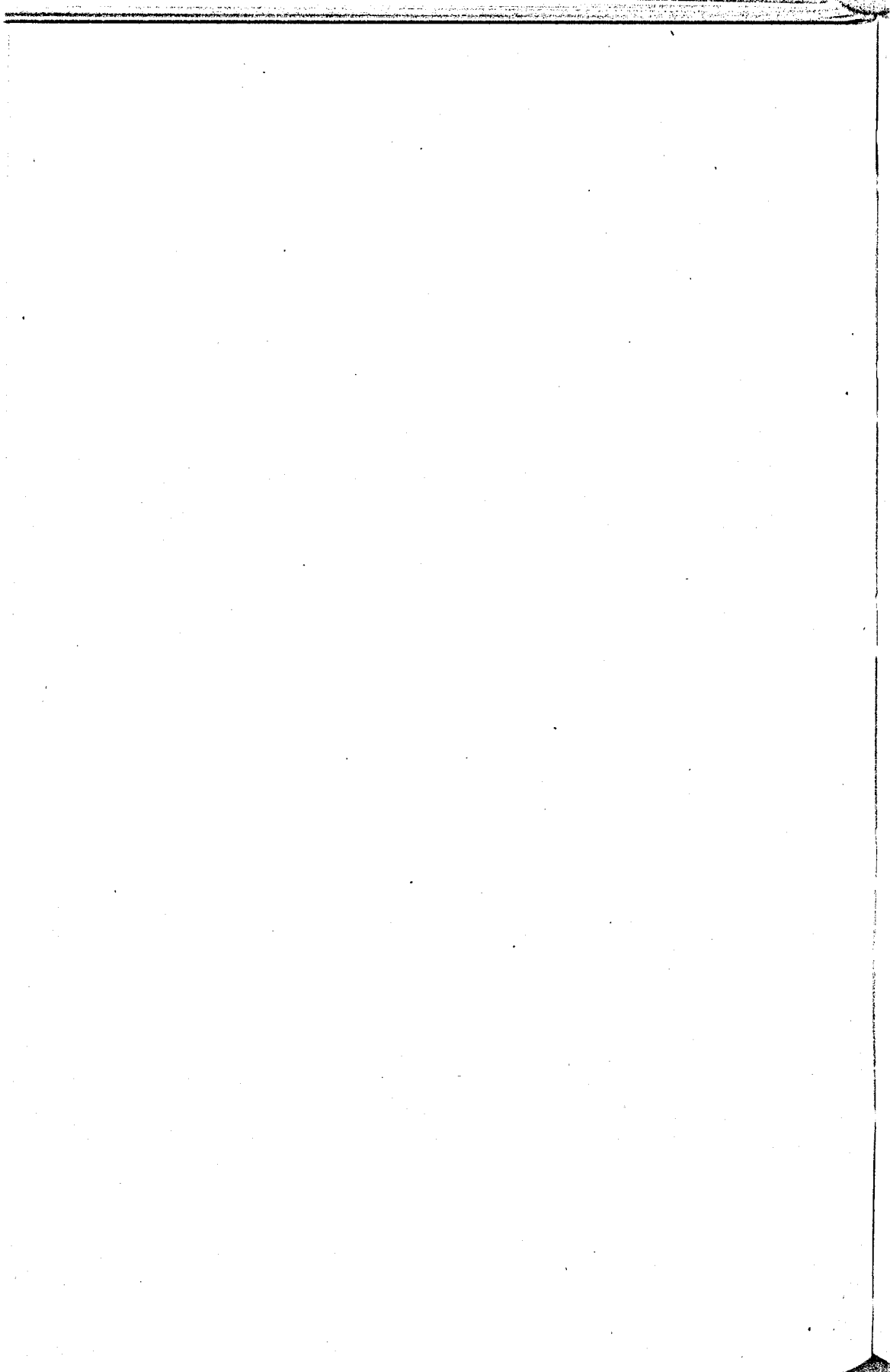


TABLE NO. 6

## ANALYSIS OF PHYSICAL EXAMINATIONS ON REGISTRATION AT PRENATAL CLINICS

FINDINGS	NUMBER			PERCENTAGE DISTRIBUTION		
	Total	White	Colored	Total	White	Colored
REGISTERED FOR DELIVERY AT HOSPITALS*						
Primipara.....	425	29	396	36.8	22.0	38.7
Multipara.....	731	103	628	63.2	78.0	61.3
<b>PELVIS</b>						
Normal.....	1,013	122	891	87.6	92.5	87.0
Borderline.....	107	8	99	9.3	6.1	9.7
Contracted.....	29	1	28	2.5	0.7	2.7
Funnel.....	7	1	6	0.6	0.7	0.6
<b>SEROLOGIC TEST FOR SYPHILIS</b>						
Negative.....	1,001	125	876	86.6	94.7	85.5
Positive.....	153	5	148	13.2	3.8	14.5
Not taken.....	2	2	..	0.2	1.5	..
<b>OTHER FINDINGS</b>						
Toxemia.....	163	11	152	14.5	8.3	15.3
Heart Murmur.....	95	5	90	8.2	3.8	8.8
<b>Rh FACTOR</b>						
Negative.....	147	50	97	12.7	37.9	9.5
Positive.....	1,005	81	924	87.0	61.4	90.2
Not taken.....	4	1	3	0.3	0.7	0.3
REGISTERED FOR DELIVERY BY MIDWIFE						
Primipara.....	87	10	77	26.9	22.2	27.7
Multipara.....	236	35	201	73.1	77.8	72.3
<b>PELVIS</b>						
Normal.....	290	43	247	89.8	95.6	88.8
Borderline.....	25	2	23	7.8	4.4	8.3
Contracted.....	5	..	5	1.5	..	1.8
Funnel.....	1	..	1	0.3	..	0.4
Not determined.....	2	..	2	0.6	..	0.7
<b>SEROLOGIC TEST FOR SYPHILIS</b>						
Negative.....	277	42	235	85.8	93.3	84.5
Positive.....	45	3	42	13.9	6.7	15.1
Not taken.....	1	..	1	0.3	..	0.4
<b>OTHER FINDINGS</b>						
Toxemia.....	35	5	32	10.8	11.1	11.5
Heart Murmur.....	18	1	17	5.6	2.2	6.1
<b>Rh FACTOR</b>						
Negative.....	25	6	19	7.8	13.3	6.8
Positive.....	296	39	257	91.6	86.7	92.5
Not taken.....	2	..	2	0.6	..	0.7

\* Baltimore City Hospitals.



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**BUREAU OF SCHOOL HYGIENE**

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## BUREAU OF SCHOOL HYGIENE

Henry F. Buettner, M.D.

*Director*

The bureau maintained the school health service in the elementary public and parochial schools with an enrollment of approximately 100,000 pupils. In previous years children were not admitted to cerebral palsy classes below the first grade at six years of age. In cooperation with the Department of Education, classes were started in October for five-year-old children. A special grant-in-aid to defray the additional expenses and salaries for speech and physical therapists was obtained from the U. S. Children's Bureau.

The Lions Club of Baltimore generously presented the bureau with two Massachusetts Vision Test kits for use in the public and parochial schools. In addition to testing visual acuity, this procedure detects farsightedness and muscle imbalance, which examination with the ordinary Snellen test fails to do.

The use of DDT powder consisting of ten per cent DDT and 90 per cent inert ingredients for the treatment of pediculosis capitis was effectively employed during the year, but was not too successful in decreasing the actual number of cases in school children. Considerable education of the families concerned will be necessary to eradicate this undesirable condition in school children.

### *Communicable Diseases*

The most prevalent communicable disease among school children during the year was whooping cough with 776 cases among children of school age as compared with 373 cases during 1946. Measles decreased from 3,463 cases among school-age children in 1946 to only 66 cases in 1947. There was a decided decrease in diphtheria from 128 cases among school children during the peak year of 1946 to 29 cases in 1947. Scarlet fever decreased from 429 cases to 212 cases. There were 11 cases of poliomyelitis reported in children of school age as compared with 3 cases during the previous year, and 4 cases of meningococcus meningitis as compared with 11 cases during the previous year.

A survey of the health records of all children attending public and parochial schools was made to determine the presence or absence of a record of a booster dose of diphtheria toxoid. A letter urging the administration of toxoid by the family physician or by the school physician was sent to the

parents of all pupils whose record did not show they had received this additional protection. A total of 19,940 children received booster toxoid inoculations in 1947.

The presence of smallpox in New York in March, 1947 prompted a survey of all school children for the presence of a vaccination scar. Absence of a vaccination scar or a record of vaccination was found in only 0.26 per cent or about one in 375 children. These children were all subsequently vaccinated. It is probable that most of these children had been previously vaccinated without resulting in a primary take. There were 435 preschool and 430 school children vaccinated against smallpox during the year at school clinics.

#### *Eye and Ear Clinics*

A total of 620 school children made 1,545 visits to the eye clinic maintained by the Department. Of this number 553 were given mydriatics and 525 had their eyes refracted. In the ear clinic, 777 patients made 1,293 visits. There were 1,148 audiometric tests given and 226 radium treatments administered.

#### **Personnel**

Henry F. Buettner, M.D., Director  
Francis J. Januszkeski, M.D., Medical Investigator  
M. L. Breitstein, M.D., Health Officer  
Harry E. Bloom, M.D., Clinic Physician

TABLE NO. 1  
REPORT OF PUPILS EXAMINED AND DEFECTS FOUND

DEFECT	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		WHITE	COLORED	WHITE	COLORED
Number of pupils examined.....	25,887	12,973	6,955	5,731	228
Number of pupils with defects.....	9,874	4,978	3,097	1,725	74
Throat—Tonsils.....	5,071	2,775	1,332	917	47
Nose—Adenoids.....	2,050	1,236	448	310	16
Mouth—Teeth.....	5,047	2,645	1,291	1,081	30
Eyes.....	1,098	422	507	166	3
Orthopedic deformities.....	49	28	17	4	..
Heart.....	215	106	72	37	..
Hernia.....	98	32	62	2	2
Malnutrition.....	663	199	368	89	7

TABLE NO. 2  
REPORT OF CORRECTIONS OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

DEFECT CORRECTED	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		WHITE	COLORED	WHITE	COLORED
Tonsils and adenoids.....	1,503	1,107	63	324	9
Other operations.....	120	83	15	21	1
Teeth.....	2,157	702	780	556	119
Eyes refracted and glasses obtained.....	947	632	125	178	13
Eyes refracted and glasses not necessary....	97	53	20	20	4
Skin eruption.....	204	44	123	18	19
Pediculosis.....	200	128	14	58	..
Children treated for minor ailments, accidents and emergencies.....	875	452	353	41	29
Children sent to dispensaries.....	109	38	66	4	1

TABLE NO. 3  
REPORT OF INOCULATIONS GIVEN IN THE SCHOOLS

INOCULATION	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		WHITE	COLORED	WHITE	COLORED
Diphtheria inoculation					
Preschool child.....	670	417	109	110	34
School child.....	16,363	4,908	9,138	2,177	140
Smallpox vaccination					
Preschool child.....	435	344	49	42	..
School child.....	430	234	134	45	17





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**DIVISION OF DENTAL CLINICS**

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## DIVISION OF DENTAL CLINICS

**Morris Cramer, D.D.S.**

*Supervisor*

Only five of the sixteen dental clinics in the public schools were in operation during 1947. These clinics were operated by a part time supervisor and a part time dentist, and treatment consisted mainly of extractions or sedative treatments for the relief of toothache. The remaining eleven clinics have not been reopened due to lack of adequate salaries to secure dentists for these positions.

Many of the children examined were found in need of extensive dental care and parents were urged to take them to their private dentists or to the clinic of the Dental School of the University of Maryland.

A tabular summary of the work accomplished during the year follows:

Patients registered at clinics.....	1,159
Visits to clinics.....	1,348
Prophylactic treatments given.....	458
Teeth filled.....	255
Temporary teeth extracted.....	726
Permanent teeth extracted.....	1,548
Cases discharged.....	1,159

The Committee to Study the Medical Care Needs of Baltimore of the Maryland State Planning Commission has recommended that a dental care program be inaugurated in Baltimore City with a proposed constructive program of dental hygiene for children in the public and parochial schools. This program would begin with a provision for the examination of all kindergarten and first grade children, together with treatment for those whose parents request such care. It also recommends that fifteen part time dentists be employed the first year, together with a full time public health dental director. In successive steps, the program would be expanded to cover all children in the elementary schools. Until such time as the proposed dental program may be established, it is strongly recommended that additional remuneration be offered so that sufficient dentists can be secured to reopen the eleven dental clinics.

### **Personnel**

**Morris Cramer, D.D.S., Supervisor**  
**Lucius A. Butler, D.D.S., Dentist**

TABLE NO. 1  
REPORT OF THE WORK DONE IN THE DENTAL CLINICS—1947

	NEW PATIENTS	VISITS	PROPHYLAXIS	AMALGAM	CEMENT	GUTTA PERCHA	TREATMENTS	CARBO-EUGENOL	EMERGENCY	EXTRACTION OF PERMANENT TEETH	EXTRACTION OF TEMPORARY TEETH	COMPLETED AND DISCHARGED
TOTAL.....	1,159	1,348	458	173	79	..	47	3	44	726	1,548	1,159
January.....	145	198	77	24	7	..	11	..	9	110	234	168
February.....	189	214	63	17	8	..	5	..	5	114	254	190
March.....	169	196	52	24	15	..	9	..	9	111	229	163
April.....	167	191	70	31	18	..	1	1	3	94	254	168
May.....	193	212	87	35	19	..	11	..	9	105	293	184
November.....	112	129	46	17	7	..	5	1	2	69	144	109
December.....	184	208	63	25	5	..	5	1	7	123	140	177

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**BUREAU OF PUBLIC HEALTH NURSING**

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## BUREAU OF PUBLIC HEALTH NURSING

Jane B. Laib, R.N.

*Director*

A total of fifty-six graduate registered nurses was appointed to fill vacancies on the Department public health nursing staff that occurred during the year. The introduction of so many new nurses is both time consuming and expensive but at the end of the year there was a full staff and the outlook for the coming year is good.

The proportion of the time of the public health nurses spent in clinics has been increasing over the past few years with the expanding clinic programs. During 1947 public health nurses were assigned to 150 clinic sessions each week, accounting for 29.5 per cent of the total working time of all public health nurses. The child hygiene and venereal disease clinics occupied a little over 9 per cent of the nurses' time at 108 clinic sessions each week. Tuberculosis clinics required about 7 per cent of the time at 15 weekly clinic sessions. One-quarter of the total clinic time of the public health nurses was devoted to work at the three above-mentioned clinics.

A total of 151,696 home visits was made by the public health nurses in the generalized program including visits in behalf of families and visits to patients not found at home. In comparison with other field services much of the public health nurses' time was devoted to infant health supervision due to the increased number of new babies.

Public health nurses participated in the school health supervision program and assisted the school physicians with 25,887 physical examinations in the elementary classes of the public and parochial schools. As a result of the conferences and home visits of the public health nurses and the interest of the parents, 6,212 physical defects were corrected. Two Massachusetts Vision Test kits were presented to the Bureau of School Hygiene and the public health nurses conducted complete surveys in four schools.

In the tuberculosis control program, the public health nurses continued in their work of locating and referring contacts of known cases to their family physicians or to clinics for X-ray examination. Visits to cases carried on their active lists were made in accordance with individual needs. Venereal disease work was expanded with the establishment of a new clinic which necessitated the assignment of several specially trained full time nurses to this service.

### *Special Services*

The premature infant program begun by the Bureau of Child Hygiene in June, 1946 was enlarged in 1947 when the public health nurses began to



make home investigations before the premature infant was discharged from the hospital and follow-up home visits after the infant's discharge to teach and demonstrate the essentials of child care and to encourage continued medical supervision. Several conferences and field and clinic observations were also provided for approximately fifty postgraduate nurses taking the three-month course in the care of the premature infant at the Johns Hopkins School of Nursing.

Following the reporting of several typhus fever cases, public health nurses were assigned to assist the Director of the Bureau of Communicable Diseases and health officers in a house-to-house survey and in an inoculation program for all those persons living in the houses where infected rats had been found. The incidence of tinea capitis in a number of schools prompted a complete survey and the reporting of all currently diagnosed cases. In those schools where the problem was more severe the Director of the Bureau of Communicable Diseases with the assistance of the public health nurses examined every child with the Wood's lamp and referred all new cases to family physicians or to a skin clinic. A special campaign to secure the inoculation of every school child who had not had a booster dose of diphtheria toxoid was undertaken with the aid of the public health nurses. The continued struggle against pediculosis capitis among school children was made considerably easier by the use of DDT powder but concentrated effort for a long period of time will be needed to eradicate the infestation.

Following the closing of schools during the summer vacation period, public health nurses were assigned on a part time basis to assist in the census survey conducted in the Eastern Health District. Survey records for 15,000 families were completed by the nurses from July 7 to September 15.

### *Educational Program*

Regular semi-monthly conferences of the director, assistant director and supervisors were held, one of which was devoted to the revision of the *Manual of Procedures for Public Health Nursing*. Each bureau director in the Medical Section was consulted and assisted special committees of supervisors in the revision of their section of the manual.

The Director of the Bureau of Venereal Diseases gave two orientation courses in venereal diseases to groups of nurses and these courses will be continued until all of the public health nurses have had this refresher series. The supervisors were given five seminars in preventive mental hygiene by the Chief of the Division of Mental Hygiene in connection with the program to make mental health a part of the generalized public health nursing service. All of the Eastern Health District nurses completed a series of

seminars and it is planned to proceed along the same pattern in other health districts.

In connection with the continuing staff education program, the reference library which is maintained in the bureau for the use of the public health nurses was broadened. Seven new books on venereal diseases, mental hygiene and child hygiene were purchased. Pamphlets, reprints and bulletins issued by nursing organizations and other health departments are also available for use.

Fourteen new staff members were assigned to the Eastern Health District for the seven-week orientation course in public health nursing. Two public health nurses were sent to Stokes Institute, University of Pennsylvania to take the special course in venereal disease nursing and were later assigned to the Calvert Street and Druid Health Center venereal disease clinics. In June, one nurse received a B. S. degree in nursing education at the University of Pennsylvania and two others were granted leaves of absence to attend summer school. One supervisor and one public health nurse completed a two-week course in supervision at the Medical College of Virginia in Richmond. Two nurses were granted stipends to attend school, one for an academic year in public health nursing at New York University, and one to complete work on her degree at the University of Maryland. A number of the nurses took evening courses at the Johns Hopkins University and Morgan College.

The increased interest of the superintendents of schools of nursing stimulated the reestablishment in February of the student affiliate program in the Western Health District which was discontinued in 1943. Six students were accepted from each of four schools for a period of eight weeks and four classes completed this program.

### Personnel

Jane B. Laib, Director  
Alice M. Sundberg, B.A., Assistant Director  
M. Alice Caron, Supervisor of Public Health Nursing  
Marie Dandridge, B.S., Supervisor of Public Health Nursing  
Ola C. Early, Supervisor of Public Health Nursing  
Ethel G. Gluck, Supervisor of Public Health Nursing  
Adelaide G. Smith, Supervisor of Public Health Nursing  
Virginia R. Struve, B.S., Supervisor of Public Health Nursing

### *Public Health Nurses*

Marianne P. Aiau  
Mary C. Bacon  
Pauline K. Benfer  
Grace Berger

Katherine M. Brady  
Marie V. Buckless  
Helen J. Buffington  
Mary B. Carr

Doris C. Carter  
Elevian R. Carter  
Sarah V. Case  
Ophelia S. T. Coleman  
E. Murray Cox  
Grace C. Crawford  
Alice E. Diver  
Mercedes B. DuVall  
Ruth F. Eckman, B.A.  
Edna Faith  
Rose M. Fields  
Ethel V. Finneyfrock  
Virgie M. Finneyfrock  
Helen H. Galloway  
Geneva N. Gartside  
Mary A. Goldberg  
Doris McLean Gowans  
Sara J. L. Gubnitsky  
Ruth N. Guyton  
Marian S. Hagan  
Rose M. Hoffman  
Mary H. Langrall  
Constance Jacobs  
Mary F. Jenkins  
K. Ruth Jones  
Eudora M. Kefauver  
Lillian A. Kemp

Edna B. Kenney  
Margaret S. King  
Elsa C. Kittel  
Clara A. Kushto  
Bess C. Lang  
Rose B. McDonnell  
Margaret D. Miller  
Frieda W. Moore  
Winifred F. Moore  
Margaret E. Neubauer  
Katherine E. Nutto  
Laura C. Phillips  
Roberta S. Pinckard  
Helen M. Ries  
Doris J. Rodenhiser  
Marilyn Sandler  
Carolyn M. Shaffer  
Helen B. Sharpe  
Ruth Stoneham  
Marion E. Stromberg  
Mary B. Tewell  
Birdie M. Thearle  
Alice J. Warren  
Violet B. Weber  
Helen L. Wells  
Alva M. Williams  
Edna V. Yates  
Amber A. Zimmerman

Grace S. Eyler, Senior Stenographer  
Sara H. Ford, Senior Stenographer  
Frances L. Schwartz, Senior Stenographer

TABLE NO. 1  
SUMMARY OF FIELD VISITS OF PUBLIC HEALTH NURSES—1947

SERVICE AND TYPE OF VISIT	ENTIRE CITY			EASTERN* HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DRUID HEALTH CENTER		SOUTH- EASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		SOUTH- WESTERN HEALTH DISTRICT		NORTH- WESTERN HEALTH DISTRICT		NORTHERN HEALTH DISTRICT		NORTH- EASTERN HEALTH DISTRICT	
	Total	White	Colored	White	Colored	White	Colored	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	
All Field Visits.....	151,696	94,687	57,009	11,135	19,362	10,386	6,508	19,577	11,639	1,824	10,249	3,932	15,187	1,104	13,158	1,720	11,809	2,294	11,124	578	Colored
Maternity Hygiene.....	15,830	3,840	11,990	2,755	6,345	193	740	3,620	625	295	120	600	30	65	15	55	65	195	145	75	White
Infant Health Supervision.....	68,740	50,670	18,070	4,725	4,790	5,435	2,900	6,400	6,315	5,500	5,475	1,315	7,075	655	7,545	775	6,860	870	7,240	225	Colored
Preschool Health Supervision.....	15,275	9,270	6,005	980	1,190	1,245	1,020	2,320	870	125	135	2,715	220	750	535	825	225	690	45	White	
School Health Supervision.....	10,130	9,570	560	315	60	280	90	75	245	40	120	155	2,735	15	2,665	15	1,550	90	940	10	Colored
Tuberculosis.....	12,760	7,615	8,145	1,035	2,300	1,255	855	3,075	1,285	370	550	620	1,230	120	635	185	625	555	700	65	White
Veneral Disease.....	5,511	1,012	4,499	100	1,837	501	583	1,127	144	304	89	297	27	44	23	20	99	134	29	53	Colored
Acute Communicable Disease.....	14,400	9,405	4,995	805	1,630	1,115	790	1,890	1,560	85	985	250	1,155	70	1,465	75	1,175	170	1,145	45	White
Other Morbidity.....	5,695	3,105	2,590	400	1,085	330	210	920	540	50	385	175	195	5	315	40	610	55	330	55	Colored
All Others.....	355	200	155	20	25	30	20	70	55	5	30	15	5	5	45	10	10	..	..	5	White
Effective Visits.....	124,961	78,443	46,518	8,531	15,626	8,025	5,279	16,136	9,556	1,449	8,475	3,080	13,631	984	11,519	1,528	9,774	1,987	8,932	489	Colored
Maternity Hygiene.....	12,795	2,893	9,900	1,985	5,125	135	490	3,240	4,860	270	105	480	25	35	15	60	30	150	40	60	White
Infant Health Supervision.....	54,356	39,570	14,785	3,595	4,125	3,885	1,745	6,240	4,820	455	4,150	1,135	6,005	530	6,290	665	5,280	720	5,545	170	Colored
Preschool Health Supervision.....	12,805	7,900	4,905	715	920	1,010	875	1,790	715	110	1,050	270	2,495	200	655	500	720	195	540	45	White
School Health Supervision.....	9,585	9,065	520	225	60	265	80	75	245	30	1,065	140	2,065	15	2,255	20	1,450	90	895	10	Colored
Tuberculosis.....	12,280	6,205	6,075	815	1,710	1,005	670	2,230	1,065	245	715	440	1,130	95	505	155	485	480	485	60	White
Veneral Disease.....	3,886	653	3,233	61	1,246	295	439	931	1,011	219	70	190	21	39	19	18	64	117	22	34	Colored
Acute Communicable Disease.....	13,520	8,950	4,570	740	1,480	1,080	750	1,685	1,470	70	910	245	1,095	65	1,425	70	1,140	160	1,090	45	White
Other Morbidity.....	5,380	2,005	2,375	375	935	320	210	875	525	45	380	165	190	5	310	40	595	65	310	50	Colored
All Others.....	355	200	155	20	25	30	20	70	55	5	20	15	5	5	45	10	10	..	..	5	White
Maternity Hygiene Service.....	15,830	3,840	11,990	2,755	6,345	193	740	3,620	625	295	120	600	30	65	15	55	55	195	45	75	Colored
All visits.....	15,830	3,840	11,990	2,755	6,345	193	740	3,620	625	295	120	600	30	65	15	55	55	195	45	75	White
Health Department clinic case.....	3,260	480	2,780	190	1,350	40	170	580	100	155	65	285	15	25	15	40	30	135	25	40	Colored
Antepartum.....	2,225	245	1,980	135	1,005	15	60	335	60	70	20	160	..	10	..	..	..	15	15	15	White
Postpartum.....	2,225	245	1,980	135	1,005	15	60	335	60	70	20	160	..	10	..	..	..	15	15	15	Colored
Other clinic case.....	3,185	1,135	2,050	1,020	1,525	60	185	305	35	15	20	15	10	..	..	..	..	..	..	5	White
Antepartum.....	4,125	1,035	3,090	640	945	30	75	2,020	365	20	20	20	..	..	..	..	..	..	..	..	Colored
Postpartum.....	2,505	750	1,755	585	1,005	60	245	335	65	20	15	95	5	10	..	5	20	30	..	10	White
Home visit, not seen.....	530	195	335	185	215	..	..	45	..	..	..	..	..	..	..	..	..	..	..	..	Colored
Visit in behalf of case.....	530	195	335	185	215	..	..	45	..	..	..	..	..	..	..	..	..	..	..	..	White

\* During the summer months, public health nurses made 15,000 home visits, not included above, in connection with the census survey of the Eastern Health District.  
Note: Tabulation, except venereal disease service, based on twenty percent sample.



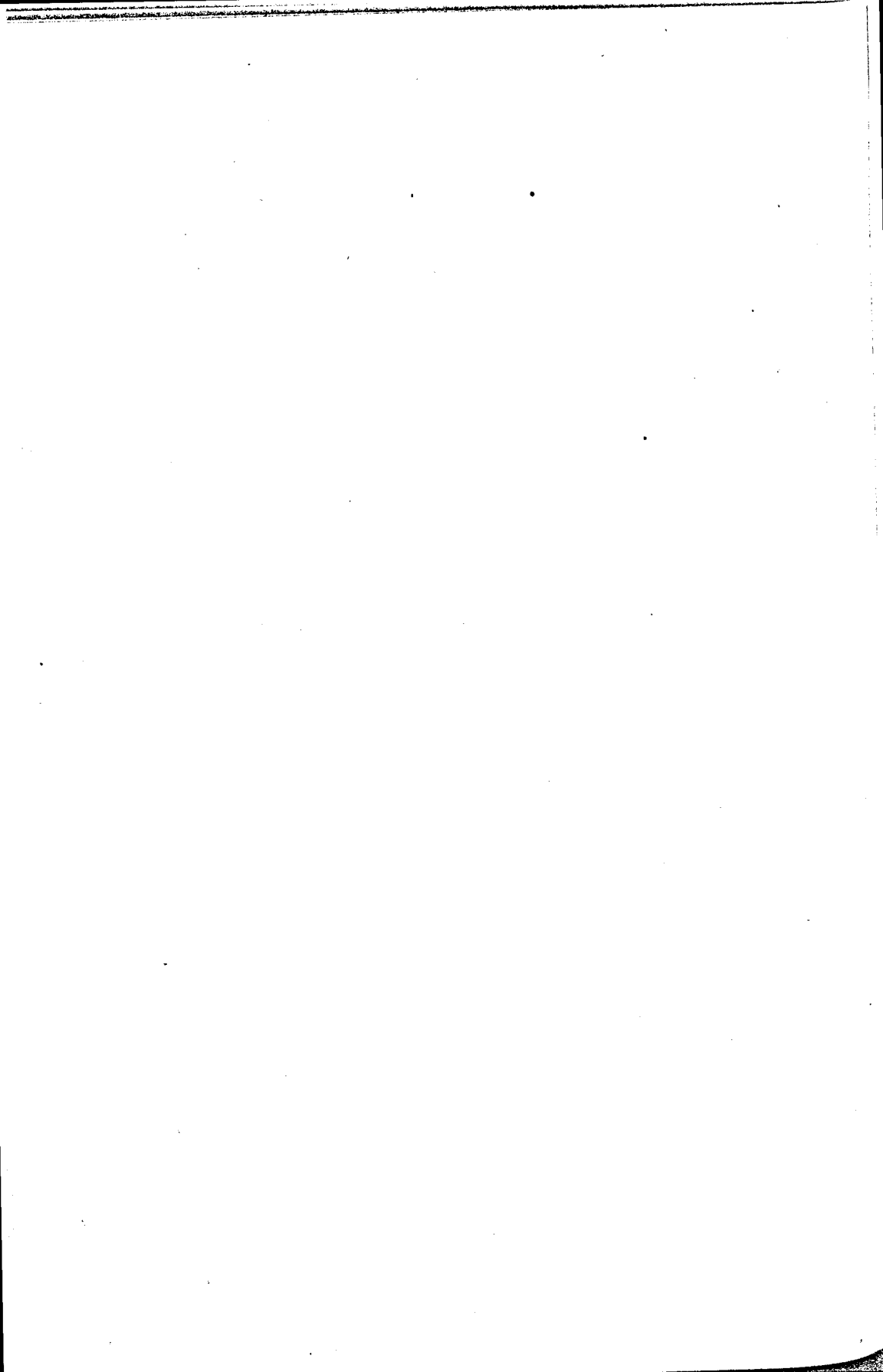
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TABLE NO. 1—Continued  
SUMMARY OF FIELD VISITS OF PUBLIC HEALTH NURSES—1947

SERVICE AND TYPE OF VISIT	ENTIRE CITY			EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DRUID HEALTH CENTER		SOUTH-EASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		SOUTH-WESTERN HEALTH DISTRICT		NORTH-WESTERN HEALTH DISTRICT		NORTHERN HEALTH DISTRICT		NORTH-EASTERN HEALTH DISTRICT	
	Total	White	Colored	White	Colored	White	Colored	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	
Other Morbidity Service																					
All visits.....	5,695	3,105	2,590	400	1,085	330	210	920	540	50	385	175	195	315	40	610	55	330	55	330	
Sore eye case.....	1,295	510	785	90	180	120	135	365	170	15	75	80	..	10	..	25	10	20	40	..	
Infant.....	1,465	80	385	45	315	10	..	30	15	15	5	20	..	..	..	..	..	..	..	..	
Preschool child.....	365	120	245	70	185	5	..	30	25	10	10	15	5	..	..	..	..	..	..	..	
School child.....	1,860	1,655	175	80	85	15	..	30	280	10	210	5	120	260	5	495	40	225	60	..	
Adult.....	1,395	610	785	90	170	170	70	420	35	5	80	75	65	40	35	70	5	60	5	..	
Home visit, not seen.....	1,255	80	175	15	115	10	..	40	10	5	5	10	5	..	5	15	..	15	..	..	
Visits in behalf of case.....	60	20	40	10	35	..	..	5	5	..	..	..	..	..	..	..	5	..	..	..	
All Other Services																					
All visits.....	355	200	155	20	25	30	20	70	55	5	30	15	5	45	10	10	..	5	5	..	
Sanitary investigation.....	40	20	20	..	5	..	..	15	6	..	..	..	..	..	..	..	..	..	..	..	
Vital statistics investigation.....	60	40	20	5	..	5	..	5	15	..	10	5	..	..	..	5	..	..	5	..	
Other visits.....	255	140	115	15	20	25	15	50	35	5	5	10	5	45	10	5	..	..	..	..	

## **MEDICAL CARE SECTION**





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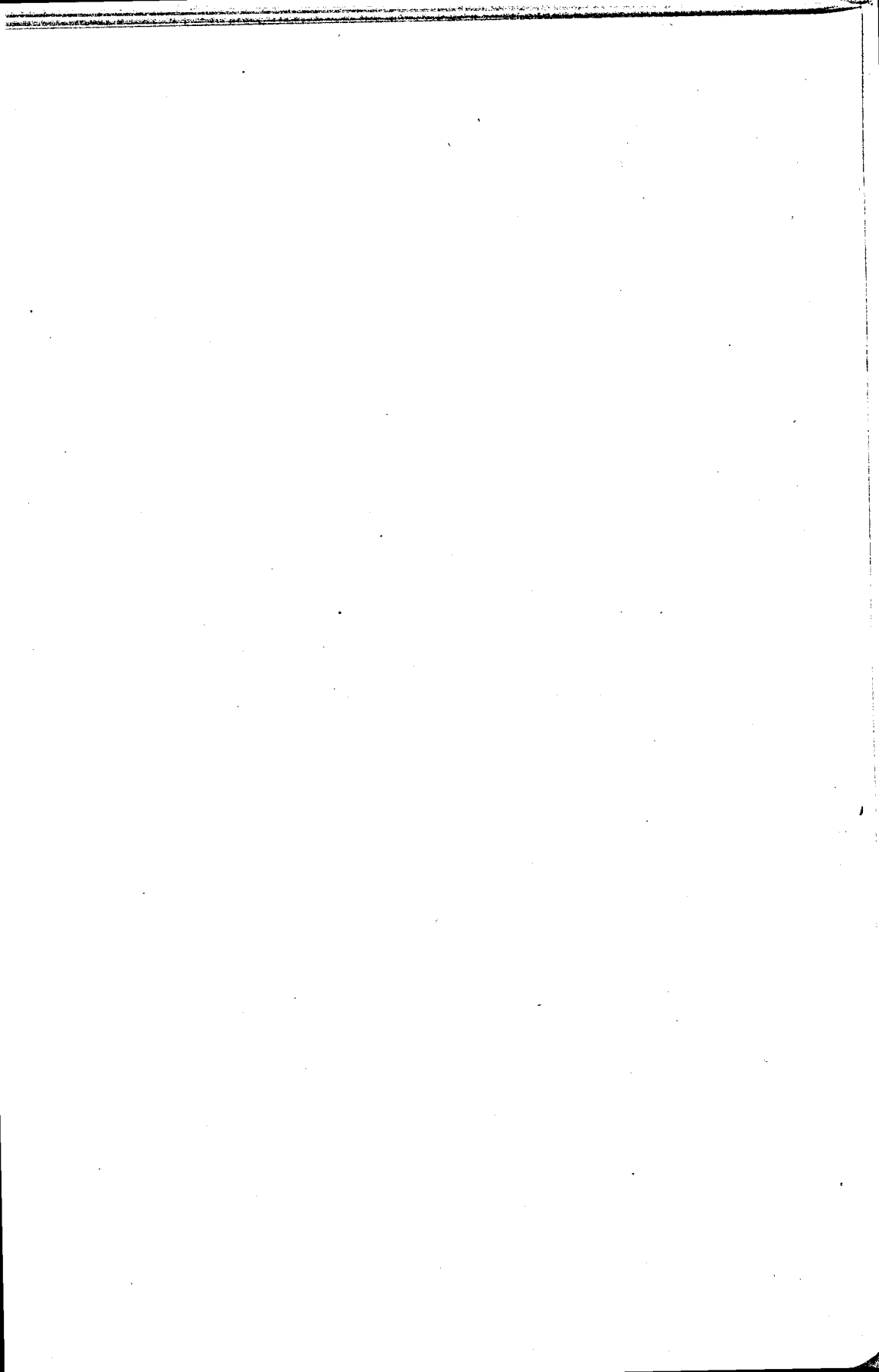
## **MEDICAL CARE SECTION**

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### **Personnel**

**Wendell R. Ames, M.D., M.P.H., Director**



## MEDICAL CARE SECTION

Wendell R. Ames, M.D., M.P.H.

*Director*

Approval in December, 1946 by the Maryland State Planning Commission of the first Interim Report of the Committee to Study the Medical Care Needs of Baltimore City set into motion a new activity in the City Health Department. This report made three important recommendations, two of which have a direct bearing on the activities of the Baltimore City Health Department. The first one had to do with fixation of responsibility for coordination of all of the health services of the City of Baltimore. The report recommended that this responsibility be placed upon the Baltimore City Health Department and that such responsibility should be publicly acknowledged. The other recommendation proposed that the responsibility for administering a program of medical care for recipients of public assistance should be placed upon the City Health Department and a detailed plan for administering the medical care program was presented in that report. The establishment of a Medical Care Section in the City Health Department, appropriation of state funds to finance the medical care program and appointment of the necessary administrative personnel were recommended.

By the middle of May, 1947 the Medical Care Section had been established but a director was not appointed until September 10. In the meanwhile the necessary legislation was enacted by the State Legislature as Chapter 714 of the Maryland State Laws of 1947, and appropriations in the amount of \$376,750.00 and \$118,500.00 for the fiscal years ending June 30, 1948 and June 30, 1949, respectively, were made.

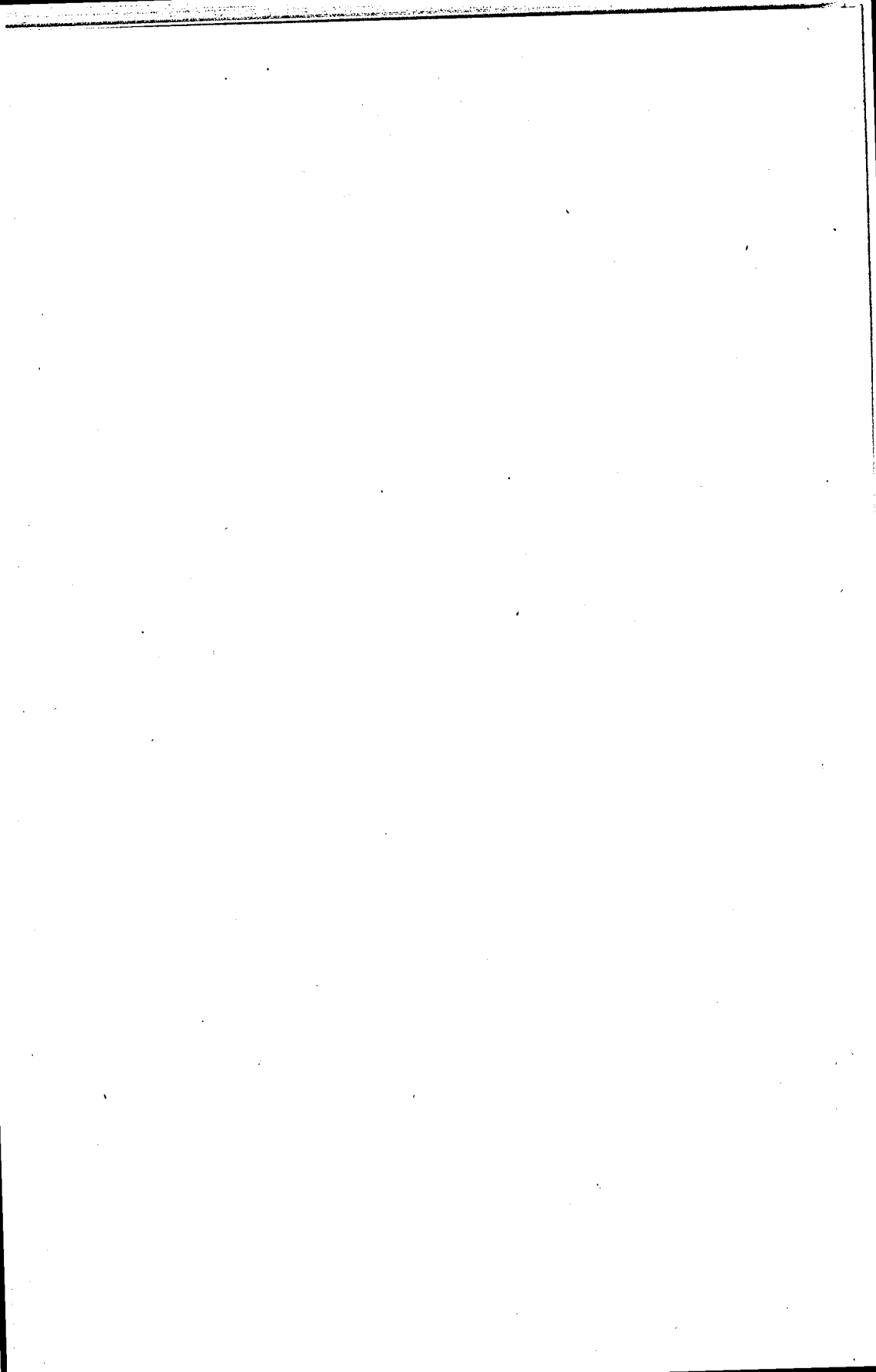
The work of the Medical Care Section during the remainder of 1947 was limited to planning and promotional activities without extending into the field of direct service. The Baltimore City Advisory Committee on Medical Care was appointed by the Commissioner of Health on September 4 and held several meetings to assist with these planning and promotional activities. The transfer of a small amount of money from the State Department of Health funds to the Baltimore City Department of Public Welfare was authorized to help meet drug bills of public assistance clients until such time as the machinery for payment for drugs through the Medical Care Section is in motion.

Since the plan for administering medical care for the indigent involves the establishment of medical care clinics in various hospitals in the city, a

proposal was carried to each of the hospitals in the city operating an out-patient department and preliminary discussions were held looking to the establishment of these clinics. Considerable work was done drafting standards for these medical care clinics to be incorporated into contracts which will be executed as the program moves out of the planning and into the operational phase. Some publicity, largely in the form of talks to interested organizations, groups and representatives of agencies concerned in the program was given, since a sound basis of support is necessary for the successful operation of this new venture.

By the end of 1947 sufficient statistical studies had been made and sufficient planning had been carried out to make it possible to define policies and procedures in preparation for the beginning of the actual services to public assistance clients. It is expected that this service will begin early in 1948.

## **SANITARY SECTION**



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## **SANITARY SECTION**

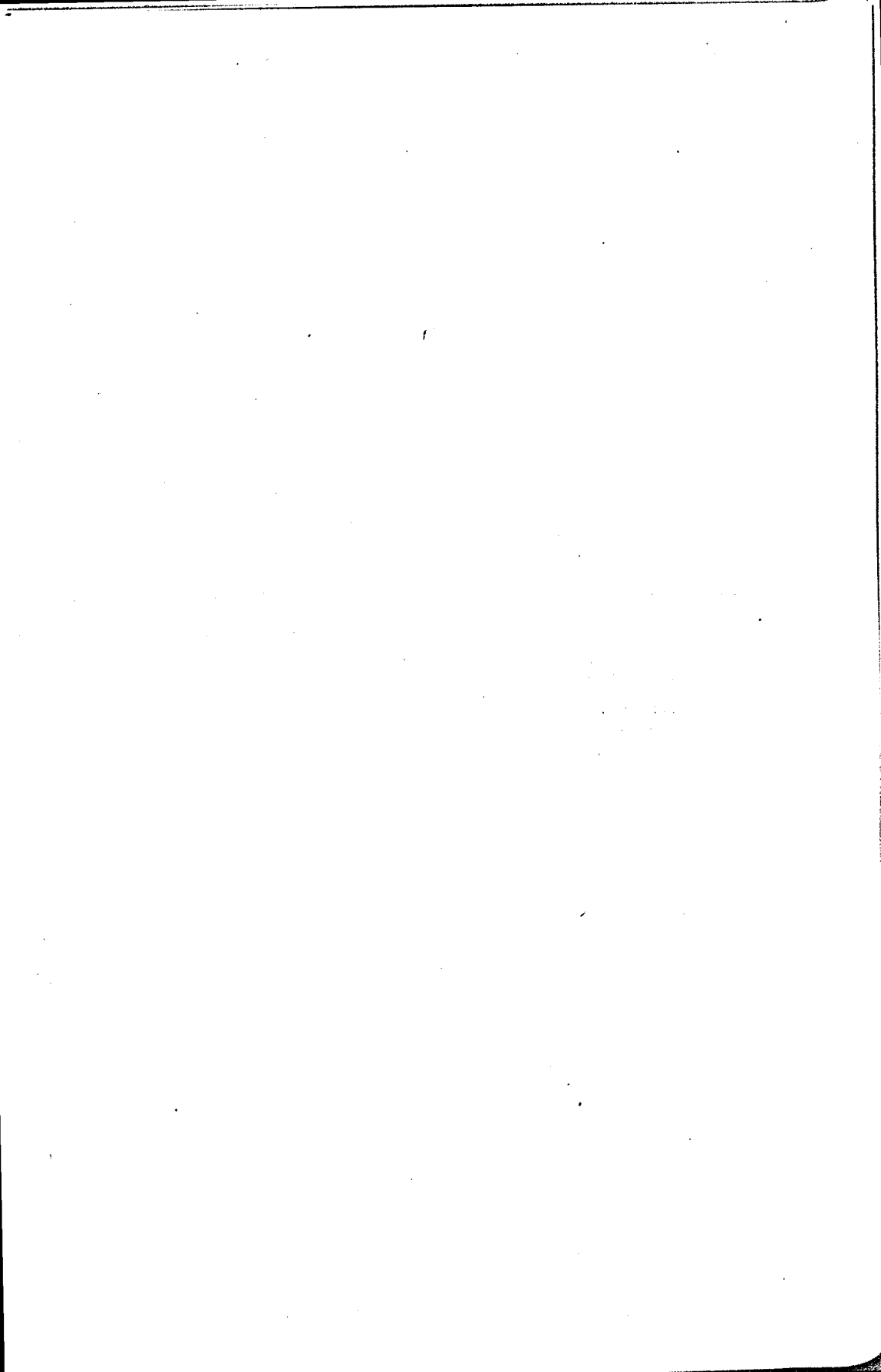
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### **Personnel**

**Wilmer H. Schulze, Phar.D., Director**  
**Elizabeth M. Truxal, Senior Stenographer**  
**Katherine Losey, Senior Clerk**  
**Jennie G. Moore, Senior Clerk**  
**George Boteler, Municipal Exchange Operator**





## SANITARY SECTION

Wilmer H. Schulze, Phar.D.

*Director*

By approval of the Board of Estimates responsibility for rodent control was placed in the City Health Department effective May 1. This new assignment, transferred from the Bureau of Street Cleaning in the Department of Public Works, resulted from a series of conferences to consider the most effective type of rodent control program for the city. Following the recommendations of the Rodent Control Coordinating Committee, a Division of Rodent Control in the Bureau of Environmental Hygiene was established and plans for a reorganization of this activity based on the fundamentals of altering the rat's environment through the elimination of sources of food and places to live were formulated.

### *Rodent Control Coordinating Committee*

Late in 1946 the Coordinating Committee, with the assistance of the Director of Adult Education in the City Department of Education, planned an inservice training course in rodent control to be given early in 1947 for city employees concerned with this problem. The course started on February 12 and consisted of eight weekly sessions including lectures and demonstrations. As a result of the keen interest shown on the part of the city departments represented, the course was repeated a second and third time for the benefit of additional departmental representatives. A total of 130 persons participated. The agencies represented were: Department of Education, Department of Health, Department of Recreation and Parks, Housing Authority, Police Department, Bureau of Harbors, Bureau of Highways, Bureau of Markets, Bureau of Sanitation and Bureau of Sewers. Toward the close of the year the Committee conferred with representatives of the pest control operators and arrangements were made to give a course in rodent control to this group early in 1948.

### *Housing Law Enforcement*

The Housing Law Enforcement Committee selected six areas of the city suitable for carrying out an enforcement program. These areas have been designated as follows: Sharp, in south Baltimore; Urban, in northwest Baltimore; Mt. Clare, in southwest Baltimore; Peabody, in north Baltimore; Franklin, in west Baltimore; and Latrobe, in northeast Baltimore. They comprise a total area of about 308 blocks. With the provi-

sion of some additional personnel this year, enforcement programs were enlarged in the Sharp area and begun in the Urban, Mt. Clare and Peabody areas. A total of twenty-six blocks was undertaken and approximately 1,000 dwelling units have been or are in the process of being made to conform with the provisions of the city housing code. Other city agencies including the Fire Department, the Police Department, the Bureau of Building Inspection, the Bureau of Highways, and the Bureau of Sanitation cooperated in problems coming within their respective fields of activity.

During the year it was deemed advisable in order to concentrate on an enlarged enforcement program to make certain changes. The enforcement committee was reduced in size to five persons, one representative from the Department of Public Works, the City Health Department, the Police Department, the Fire Department and the Redevelopment Commission. The other important change made was that while formerly inspections were made jointly by inspectors of the Health Department, the Fire Department and the Bureau of Building Inspection, inspections are now made by the Health Department and the two other agencies are called upon for assistance whenever the need is indicated.

The setting up in July of a special Housing Court in the Central Police Station to hear all cases pertaining to violations of housing and sanitation laws was another major advancement toward an effective enforcement program. Formerly these cases were docketed in the police district courts along with all other types of cases. This new procedure has been very effective in handling those cases where it has been found necessary to resort to legal proceedings for failure to correct violations.

Another important development, although indirectly related to the housing law enforcement program, was the action taken by the Police Commissioner in asking an inspector of the Police Department to organize a special detail consisting of two police officers in each police district to devote full time to the correction of insanitary conditions in cooperation with other municipal departments as part of the Mayor's comprehensive city-wide plan to make Baltimore the cleanest city in the country. Since its organization in August this group of police officers has been working closely with other city departments in sanitation and housing problems.

### *Miscellaneous Activities*

Other major activities of the Sanitary Section, some of which are enlarged upon in the reports of the bureau directors, included:

1. Investigation and control of an outbreak of "grain itch" caused by the insect mite known as *Pediculoides ventricosus* in a local broom factory.
2. A continued investigation in conjunction with the Bureau of Communicable Diseases and the Bureau of Laboratories of an outbreak of

endemic typhus fever in relationship to rat infestation in the 600 block of N. Calvert Street, together with the institution of extensive rat control measures in this group of houses.

3. The issuance of 1,194 plumbing permits for the removal of yard toilets (frost-proof hoppers) as compared with 1,061 issued in 1946.

4. The provision of sanitary sewer connections for properties in the Graceland Park-Dundalk area following the completion of the sewage pumping station in this section of the city, and the provision of similar sewer connections for the dwellings at Wagners Point.

5. The successful prosecution in the Police Court of the first case under the occupational disease law where an owner of a shooting gallery failed to correct a lead exposure hazard after notification to do so by the City Health Department. The owner was ordered by the court to close the gallery until the hazard was eliminated.

6. A change in the sampling of the city water supply on a city-wide basis in order to obtain a more representative evaluation of the sanitary quality of the water as delivered to the consumer.

7. Inspection and testing of domestic garbage grinders with the Sewerage Engineer before granting permission for installation in Baltimore City in accordance with the provisions of Ordinance No. 871, Approved May 16, 1947.

8. Studies of exposures to radiation from industrial X-ray equipment and from the handling of radioactive isotopes.

9. Cooperation with the Bureau of Child Hygiene in the inauguration of a procedure for making sanitary inspections of Class A Family Homes.

10. Continued enforcement of the psittacosis ordinance, especially in connection with psittacine birds reported by the U. S. Quarantine Station at Curtis Bay to be on ships entering the harbor.

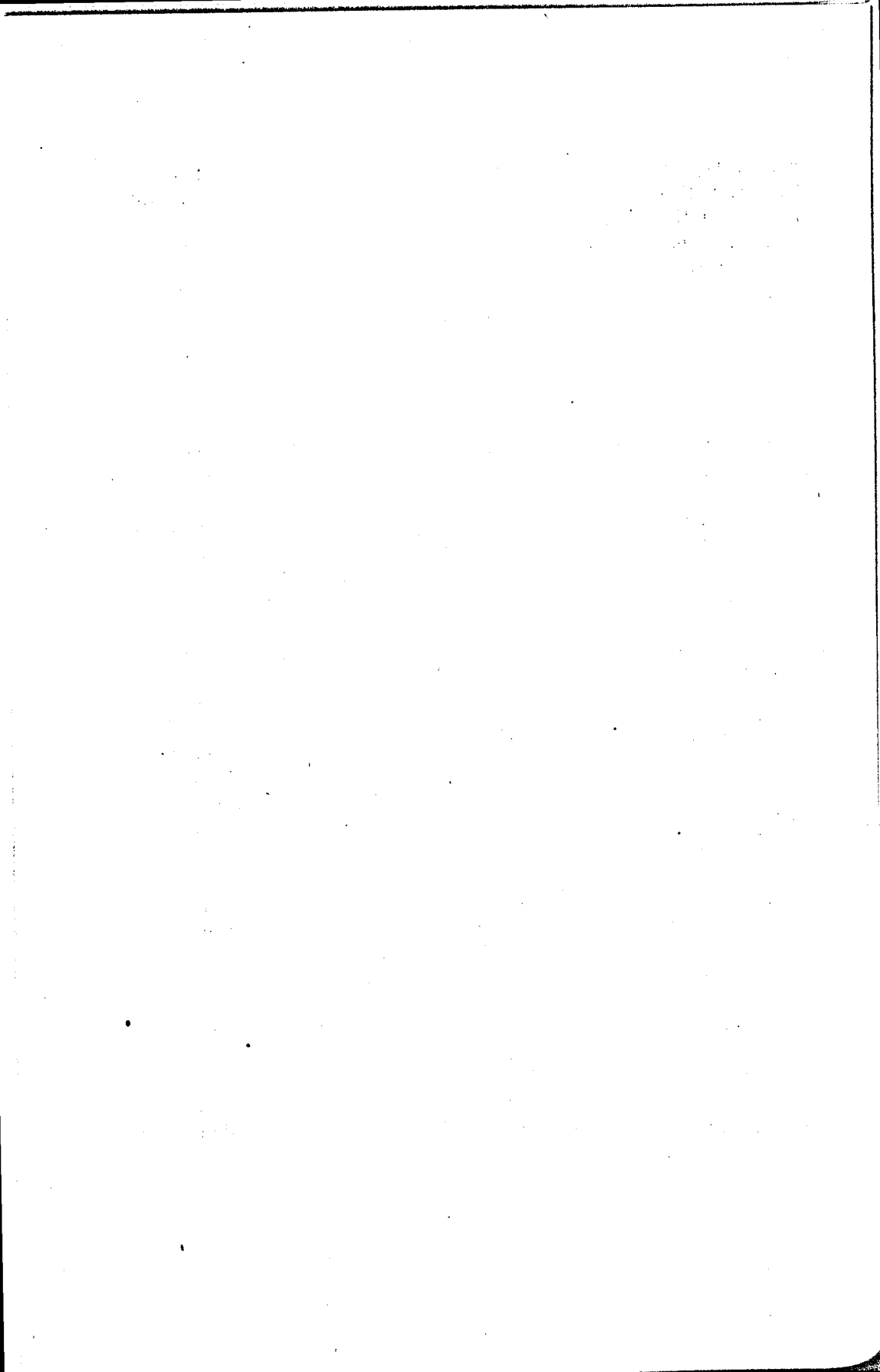
11. Cooperation with the Department of Recreation and Parks and the Department of Education in matters relating to swimming pool sanitation.

12. Participation in the Maryland State-Wide Safety-Health Conference under the auspices of the State Industrial Accident Commission.

13. Educational programs in milk plant sanitation, effective cleansing of milking machines and in food handling.

14. Talks and field demonstrations on housing law enforcement to various official and civic groups.

In addition to regular activities the bureau directors and division chiefs participated in educational programs through means of the press, the radio and by talks and demonstrations to various groups and individuals.



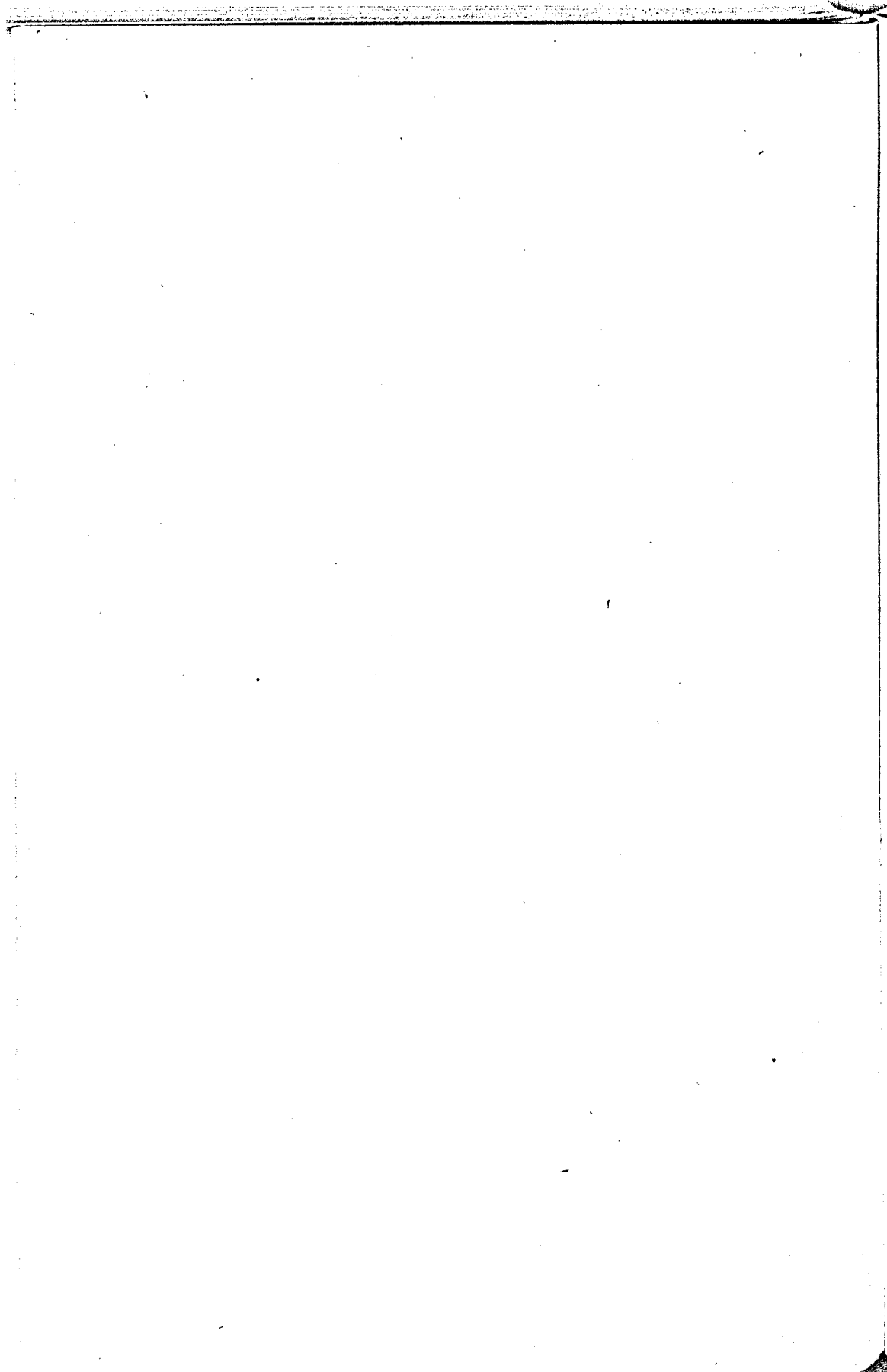
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**BUREAU OF MILK CONTROL**

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## BUREAU OF MILK CONTROL

Ivan M. Marty

*Director*

The most significant development of the year in the field of milk control was the very obvious willingness and genuine desire of a large part of the local milk industry, both farmers and milk plant operators, to correct faults in buildings, equipment and milk handling practices which had resulted from the war and to return as rapidly as possible to a prewar plane of compliance with the provisions of the city milk code and Health Department regulations. By the end of the year a very noticeable and gratifying improvement in the physical and sanitary condition of dairy farms, receiving stations and milk pasteurization plants had been made. Large expenditures were made in remodeling dairy barns and milking stables, tiling and repairing milk plants and installing modern milk handling equipment in order to safeguard further the city milk supply.

House Bill No. 811 introduced on March 19 in the State Legislature by the Anne Arundel County delegation, presumably for the purpose of establishing an exemption for the city of Annapolis from the state milk law, was vigorously opposed by the Commissioner of Health and failed to pass the Senate on the final day of the legislative session. Under the proposed wording of the bill, the Baltimore City exemption now provided would have been jeopardized.

Two increases in the price of milk to both the consumer and the farmer established record highs for the Baltimore market. Increases in the retail selling price of one cent per quart in July and in November raised the price to twenty cents per quart, the highest price on record in the city for regular milk. A large part of the increases was passed on to the dairy farmer raising his price to the record high of \$5.90 per hundredweight. The bases for the increases were a 50 per cent rise in the price of cows during the year, and substantial increases in the price of dairy feed, machinery, equipment and labor costs.

There was a decided trend toward the purchase by local consumers of premium milk. Various dealers reported that sales of this milk average from 20 to 50 per cent of their total volume. Premium milk which sells from one and one-half cents to two cents per quart above regular milk ranges in butterfat content from 4.4 to 4.8 per cent while the average year-round range for regular milk is from 3.8 to 4.0 per cent.

Standards of butterfat and total milk solids content in ice cream, which



were reduced from 12 to 10 per cent and 20 to 18 per cent, respectively, under state law and Health Department permission as a wartime conservation measure, were returned to the prewar standards.

Goat milk, which was sold in the city from 1940 to 1943 by the holder of the first Goat Dairy Farm Permit issued by the Department, appeared on the market again after a farm near Reisterstown, Maryland, was granted a permit. The goat milk is pasteurized in one of the city pasteurization plants which reports that the milk has met with a fair degree of acceptance.

The number of retail milk distributing permittees reached a new low when one of the six remaining holders of such permits was absorbed by one of the local milk pasteurization plants. Prior to 1941 retail milk distributors or "Bobtailers" operating under permit numbered in the twenties. The Commissioner of Health in 1941 adopted rigid regulations governing the handling of milk by retail distributors in order to strengthen the Health Department control of this branch of the milk industry, the supervision of which had previously been inadequate.

#### *Educational Activities*

The 1947 Sanitary Milk Production Contest, sixteenth in the series which began in 1932, was won by Thurmont High School, Frederick County, Maryland. Delta High School, Delta, Pennsylvania, and Emmitsburg High School, Frederick County, Maryland, finished in second and third place, respectively. Three hundred and ten agricultural students, representing fourteen rural vocational high schools on the milkshed, were trained for the contest. Many of the 5,466 students who have participated in the sixteen contests held thus far are numbered among the leading farmers now supplying milk for the city and are enthusiastic supporters of the Health Department milk control program. The trophy awarded annually by the city's fourteen milk pasteurization plants to the winning team in the contest was presented to the 1946 winning team from Emmitsburg High School by the Commissioner of Health at the annual banquet of the Maryland Cooperative Milk Producers, Incorporated, in January.

A series of monthly letters from the bureau director to the farmers who supply milk to the city was published in the June through December issues of the *Maryland Farmer*. The messages which dealt mainly with milk sanitation problems and Health Department-dairy farmer relationships were sent to approximately 85 per cent of the Baltimore milk producers by the Maryland Cooperative Milk Producers, Incorporated, in an effort to stimulate interest in improved milk sanitation and promote better understanding of the Health Department requirements.

Again as in previous years, many visitors from widely separated parts

of this country and of the world studied the policies and activities of the bureau. Groups of students in milk sanitation and public health were accompanied by staff members on tours through milk and ice cream pasteurization plants and to dairy farms. Lectures on sanitary milk production were given to numerous groups of farmers throughout the milkshed and schools for milk plant employees were conducted at all of the larger pasteurization plants.

Various members of the bureau staff participated in meetings of the following groups: Baltimore Conference of Food, Drug and Sanitary Officials; University of Maryland Dairy Technology Conference; Dairy Technology Society of Baltimore and District of Columbia; Johns Hopkins School of Hygiene and Public Health; Maryland State Department of Health; International Association of Milk Sanitarians; Maryland Cooperative Milk Producers, Incorporated; Inter-State Milk Producers Association; Farm Credit Administration of Baltimore; Farm Bureau; Maryland State Grange and County Agricultural Agents.

#### *Dairy Farm Inspection*

Due to an increase of more than 8 per cent in the volume of milk produced on the local milkshed over that of the previous year and an appreciable decrease in city milk sales the amount of milk brought into the city during the year from out-of-state emergency sources in order to meet local demands was reduced from 9,000,000 gallons in 1946 to 5,700,000 gallons in 1947. The average number of gallons of milk produced per farm showed a slight increase and for the first time since 1939 more new dairy farm permits were issued than were cancelled. At the close of the year there were 2,589 holders of dairy farm permits as compared to 2,531 on December 31, 1946. The number of manufacturing dairy farm permittees remained approximately at last year's total of 850.

In addition to 4,806 inspections of dairy farms made by the bureau staff, every permitted dairy farm was inspected at least twice during the year by the milk plant field representatives who are trained and approved by the bureau and operate under Health Department supervision.

An annual survey disclosed the interesting fact that approximately 80 per cent of the permitted dairy farms, representing 90 per cent of the total milk supply, were equipped with mechanical refrigeration and on approximately 70 per cent of the farms which produce more than 80 per cent of the milk supply, milking machines were being used.

Prior to 1920 most of the milk supply was shipped to the city by rail. Motor trucks have gradually taken over the transportation of milk and on May 1 the last railroad shipment was made on the Maryland and Pennsylvania Railroad.

*Pasteurization Plant Inspection*

The program of inspecting each of the fourteen milk pasteurization plants daily, including Saturdays, Sundays and holidays, was carried out with few exceptions. More than 5,000 milk plant inspections were made in addition to approximately 1,800 inspections of ice cream and other milk by-products plants.

A total of 5,007 bottles of pasteurized milk were phosphatase tested by the Bureau of Laboratories. Three samples indicated improper pasteurization as compared with last year's total of 4,487 tests of which five were positive. Approximately 99.85 per cent of the 80,413 gallons of milk sold daily within the city was pasteurized. The 0.15 per cent of the city supply which is sold as raw milk is produced on the last remaining Selected Raw Milk farm under Health Department permit.

**Personnel**

Ivan M. Marty, Director  
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection  
Gulius D. D'Ambrogi, Chief, Division of Milk Plant Inspection  
Charles R. Brown, Sanitarian  
Courtney C. Buck, Sanitarian  
Lemuel S. Cookman, Sanitarian  
Vernon L. Corey, Sanitarian  
Charles H. O'Donnell, Sanitarian  
Joseph N. Pohlhaus, Sanitarian  
Harry H. Shaffer, Sanitarian  
Clarence L. Scheiblein, Inspector-Food  
Philip H. Strauss, Inspector-Food  
Marie R. Huppman, Senior Stenographer  
Lillian R. Wolman, Senior Stenographer

TABLE NO. 1  
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION  
1947 AND 1946

Area of Baltimore milkshed.....	2,600 square miles (approximate)
Active shippers.....	2,589

ACTIVITIES	1947	1946
INSPECTIONS		
Total.....	4,806	5,211
Routine dairy farms.....	1,029	1,507
Special dairy farms.....	2,934	3,057
Applications.....	580	414
Receiving and by-products plants.....	238	221
Cream plants.....	25	12
OTHER ACTIVITIES		
Violation notices issued.....	1,044	1,236
Gallons of milk examined.....	75,150	567
Milk returned for high temperature.....	1,324	..
Permits issued.....	369	342
Permits cancelled.....	311	411
Producers' cans examined.....	4,958	13,300
SUSPENSIONS OF PERMITS		
Total.....	25	19
Department.....	5	2
Field.....	20	17

TABLE NO. 2  
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1947 AND 1946

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
<b>Milk plants</b>			
1947.....	5,010	29.62	814
1946.....	4,783	27.71	873
<b>Ice cream plants pasteurizing on premises</b>			
1947.....	1,105	4.79	753
1946.....	1,129	4.94	756
<b>Ice cream plants buying pasteurised ingredients</b>			
1947.....	643	3.97	310
1946.....	581	3.68	292

TABLE NO. 3  
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1947 AND 1946

TYPE OF SAMPLE	1947	1946
ALL SAMPLES.....	9,145	7,379
Milk.....	7,369	5,852
Cream.....	403	324
Ice cream.....	941	856
Ice cream mix, evaporated and condensed milk.....	34	31
Empty bottles.....	216	227
Water samples.....	37	44
Miscellaneous samples.....	145	45
Dairy product cans inspected.....	3,022	3,912

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**BUREAU OF FOOD CONTROL**

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## BUREAU OF FOOD CONTROL

Ferdinand A. Korff

*Director*

The prevention of infection and contamination of food manufactured, stored and distributed in the city was emphasized during the year. Stress on these public health aspects of food control resulted in keeping to a minimum the number of food poisoning outbreaks reported. Because of insufficient personnel a limited amount of time could be spent on improving the apparent cleanliness and orderliness of certain types of food establishments, particularly restaurants and soda fountains. In the latter part of the year, however, this activity was expanded and some improvement was observed in the appearance of these establishments.

One of the basic reasons for many of the unesthetic and unsightly conditions in both the retail and manufacturing food establishments was the lack of easy-to-clean equipment and its location within the place of business. Few corrections could be made along these lines because of the unavailability of newer types of machines and fixtures and scarcity of labor. Many of the newer establishments, however, profited greatly by following recommendations made by personnel of the bureau concerning relocation of equipment and the purchase of recommended fixtures.

### *Food Handler Training*

Food handlers became more stabilized in their jobs during the year and instruction of over 2,500 individuals in more than 50 groups was effective

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1947.....	56	2,611
1946.....	38	2,305
1945.....	53	1,728
1944.....	118	3,625
1943.....	58	1,901
1942.....	29	800
TOTAL.....	352	12,770

in preventing a regression to the poor conditions in food establishments which existed during the war years. Two types of instruction were given as in previous years, elementary instruction concerning the habits and preventive measures to be taken to rid food establishments of insects, rodents and bacteria given to food handlers, and discussion of the causes



of food poisoning outlined to personnel in institutions and to supervisory personnel. A paper was presented before the American Public Health Association on the need for food handler training in institutions. The table on p. 219 shows the number of persons given food handling instruction during the past six years.

### *Equipment Studies*

In view of the effectiveness of stressing certain types of equipment and locating this equipment within prescribed areas as a means of improving the general sanitation of the food establishment, this activity was continued. Representatives of local kitchen and restaurant equipment companies, jobbers of detergents, pest control operators, dispensing machine agents, plumbers and germicide salesmen were given individual and group instruction. All recommendations concerning new and remodelled establishments included the requirement of wash bowls for food handlers to be installed within the kitchen proper and all equipment to be located ten inches from the floor and approximately eighteen inches from walls. Soda fountain operators were instructed to remove glass spray rinses since there is a temptation for the personnel to use this antiquated piece of equipment in place of washing, rinsing and disinfecting. Operators of soda fountains were also directed to install large cans for waste paper in front of the fountain for use by patrons.

### *Violations*

There was a slight decrease in the number of condemnations of food necessitated in 1947 with 168 condemnations in which approximately 164,000 pounds of food were involved as compared with 171 condemnations involving 134,000 pounds in 1946. Only 648 individual complaints against food handling establishments were received in 1947, slightly less than in 1946. Sixteen prosecutions following court action were obtained requiring the payment of fines totalling \$875 and the licenses of several operators of taverns were suspended for varying periods of time by the Board of Liquor License Commissioners on testimony by representatives of the bureau for persistence in failure to maintain sanitary conditions in the taverns. Hearings on violations were given in the bureau to 216 operators as compared with 169 in 1946. These hearings resulted in quick action on the part of the operators to install three-compartment wash troughs in order to comply with regulations of the Maryland State Board of Health concerning food utensil washing and disinfecting, the removal of potentially hazardous hopper-type toilets, general remodelling of establishments and general clean-up procedures.

## Food Establishment Inspection

*Retail Food Establishments*

With the small number of inspectors available, no attempt was made to inspect every food establishment in the city during the year but thorough inspections were made of all establishments visited. Inspections were concentrated on those sections of the city patronized by the largest number of individuals and in those areas not completely inspected in 1946. Toward the end of the year concentration of activities was diverted to restaurants and soda fountains leaving the inspection of grocery stores and manufacturing food establishments to a skeletal force. More than 4,900 inspections were made of retail food establishments during the year. The percentage of establishments visited for initial inspection and found entirely satisfactory is given in the following table.

PERCENTAGE OF RETAIL FOOD ESTABLISHMENTS FOUND TOTALLY  
SATISFACTORY UPON INSPECTION, 1936-1947

YEAR	PERCENTAGE OF ESTABLISHMENTS	YEAR	PERCENTAGE OF ESTABLISHMENTS
1947.....	46.2	1941.....	61.3
1946.....	50.8	1940.....	60.1
1945.....	41.5	1939.....	48.8
1944.....	58.4	1938.....	58.4
1943.....	55.1	1937.....	57.1
1942.....	58.4	1936.....	52.7

A continuation of the effort to encourage industry to maintain self-inspection procedures among retail food establishments was successful during the year. All of the chain organizations both local and national put this procedure into effect and at least 40 persons were placed on pay-

NUMBER OF BACTERIA PER RIM OF GLASS

YEAR	NUMBER OF SAMPLES	UNDER 100		101 TO 500		501 TO 1000		1001 TO 10,000		OVER 10,000	
		Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
1947	659	248	37.4	122	18.5	32	4.5	117	17.7	140	21.2
1946	451	173	29.3	89	19.7	30	66.5	79	17.5	121	26.8
1945	356	73	20.5	60	16.8	19	5.3	70	19.7	134	37.6
1944	747	327	43.8	103	13.8	49	6.5	127	17.0	141	18.9
1943	445	202	45.4	97	21.8	26	5.8	59	18.3	61	18.7
1942	1,300	576	44.3	191	14.7	78	6.0	207	15.9	249	19.1
1941	2,121	1,235	58.2	254	11.9	124	5.8	212	9.9	296	13.9
1940	1,376	739	53.7	163	11.8	61	4.4	172	12.5	241	17.5
1939	94	32	34.0	16	17.0	6	6.3	20	21.3	20	21.3

rolls of these companies, carrying on full or part time sanitary inspection duties. The cost of this activity to the industry approximated \$20,000.

Food utensil disinfection was again concentrated upon in restaurants, soda fountains and taverns. The table on p. 221 gives results of the bacteriologic examination of swabbings of glasses from 1939 through 1947.

Several of the substitutes for chlorine preparations were placed in use in food establishments on an experimental basis, one a combined cleanser and disinfectant. While none proved to be as effective as chlorine, the combined cleanser and disinfectant did exhibit possibilities by depressing the bacterial flora in the wash water.

#### *Wholesale Food Establishments*

The 631 visits to wholesale food establishments resulted in the rodent-proofing of the large warehouses and the elimination of harboring and nesting places for insects and rodents. Large quantities of cereals and sugar were examined and reconditioning was permitted following defiling of this food by rodents. The use of the ultra-violet light facilitated the examination and subsequent sorting of the defiled bags. Supervision of rodent and insect proofing by pest control operators was carried out following activities by these companies.

#### *Manufacturing Food Establishments*

Only one inspector was assigned to both wholesale and manufacturing food establishments during the year and 1,794 food manufacturing establishments visited were watched over particularly for insect and rodent invasion of the plant. Over 350 samples were obtained from these establishments indicating that infestation of the plant could have reached the food. One company was employed by food manufacturers to advise operators in precautionary measures in freeing plants from the insect and rodent invasion. Hearings resulted in many corrections being made.

#### *Institutions and Miscellaneous Establishments*

The routine inspection of food departments of institutions including hospitals and 60 industrial cafeterias was continued by one inspector during the year with a total of 1,760 visits. The findings during inspection of the institutions were reported to the Maryland State Department of Health. Student nurses and personnel of a number of institutions were given food handling instruction.

### *Special Activities*

Activities engaged in during the year in addition to the routine and special inspection of retail, wholesale and manufacturing food establishments and institution food departments included the following: Instruction in tavern inspection was given to all the members of the Grand Jury; a survey of food establishments in the vicinity of the Northeast Market was made in an attempt to demonstrate the effectiveness of rodent-proofing all buildings in this area; soft drink dispensing machines were examined and improvements were outlined to the manufacturer; inspections were made on the 1,115 applications for new establishments with many re-inspections and specific recommendations given in each instance; a compilation of the food laws of the city was made and brought up to date following the rescinding of antiquated sections of the City Code by the City Council.

### *Food Poisoning*

There were 22 investigations of alleged food poisoning outbreaks conducted during the year by the Department staff. A resume of 3 of the 6 outbreaks found to be caused by food poisoning follows:

Outbreak No. 1. Several days after participation in a party with friends in a neighboring city, 4 persons became ill with botulism. The diagnosis was made by a physician in a local hospital and antitoxin was administered promptly. During the investigation several other cases were found in the neighboring city. One of the Baltimore cases died in spite of every effort on the part of the hospital personnel. Home-canned figs processed in South Carolina several months previously were found to be the food causing the illness and death and the laboratory examination by federal authorities revealed the presence of spores of *Cl. botulinum* in samples of the figs obtained in South Carolina and the neighboring city.

Outbreak No. 2. More than 50 persons attending a wedding were made ill after eating fish balls prepared by a friend of the family. The symptoms were those of a staphylococcus enterotoxin infection and investigation indicated that this type of organism was involved. The person who prepared the food had several staphylococcus-infected cuts and burns on her hands; the food was admittedly not refrigerated for twenty-four hours after it was prepared and before it was eaten; and the cooking process was not sufficient to heat thoroughly to the center of the fish balls. Two types of pigmented staphylococci were isolated from large numbers of the food.

Outbreak No. 3. From six to ten hours after eating food prepared in a local private school cafeteria, over 20 students complained of diarrhea and digestive disturbances. Turkey with stuffing was the food eaten in common by all of the persons affected. Samples of the turkey meat were obtained for laboratory examination and an organism of the staphylococcus group was isolated. The digestive disturbance was mild and examination and questioning of the food handlers failed to give clues as to the source of the infection.

A summary of the investigations of alleged food poisoning outbreaks since 1927 follows:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1927-1947

PERIOD	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1943-1947 .....	113	929	23	614	8
1947 .....	22	153	6	121	..
1946 .....	29	191	4	121	3
1945 .....	15	67	2	10	..
1944 .....	19	330	4	264	3
1943 .....	28	186	7	98	2
1938-1942 .....	154	1,113	28	741	9
1933-1937 .....	126	573	13	306	8
1927-1932 .....	27	820	9	844	4

### *Food-Borne Diseases*

Four cases of tularemia were reported in 1947. Investigation revealed that rabbits were being sold in the city in violation of municipal ordinance. One dealer was prosecuted and fined and the Police Department was alerted to stop this illegal practice. Two cases of trichinosis were reported during the year. On investigation improperly cooked pork was found to be the cause in each case. Six cases of undulant fever were reported among workers in meat packing plants in the city.

### **Division of Nutrition**

The Division of Nutrition continued its educational services throughout the year. Twenty-seven classes for public health nurses of the Department with an attendance of 592 were held, and 5 classes for the Instructive Visiting Nurse Association reached 175 nurses. Two classes for 16 student nurses in the Western Health District were also conducted. This series of classes was a continuation of those carried on in 1946.

When this phase of the work was largely accomplished the nutritionist's efforts were turned to more direct channels of getting basic data across to the public and work with patients attending the prenatal clinics was instituted. Conferences were held during the patients' second or third clinic visit and on subsequent visits if a special problem was discovered. The patient's own diet was analyzed and instruction given on how to make her food intake adequate in quality as well as quantity within her economic means. Special diets for toxemia and obesity were given when recommended by the clinic physician. This service, started in the Eastern

Health District clinics in May, extended to the Druid Health Center and covered a total of 112 clinic sessions with 655 patients interviewed.

Twenty talks on nutrition reached 794 persons including members of churches, the Red Cross, Women's Advertising Club, the Civic League, Parent-Teachers Associations and similar groups.

Cooperation with other city agencies interested in nutrition has been an important part of the program. Such agencies included: The Baltimore Nutrition Committee, a group composed of representatives of agencies active in nutrition education; the Baltimore Low Cost Budget Committee which keeps abreast of actual costs of essential commodities in Baltimore and their relative positions in the low income budget; the Baltimore Council of Social Agencies in their revision of the *Budgets for Low Income Families*; the Red Cross Nutrition Advisory Committee; the Baltimore Home Economics Association; the Young Women's Christian Association; and the School Lunch Committee of the Department of Education which collects and reviews materials for classroom use.

Over 1,000 pieces of educational material were distributed in 1947. Five exhibits were prepared and placed on display in Department clinics, at the meeting of the Southern Medical Association and at the Baltimore Food Show.

### Personnel

Ferdinand A. Korff, Director  
Florence J. Neely, Chief, Division of Nutrition  
Jacque G. Ayd, Sanitarian  
Maurice E. Baker, Sanitarian  
Morris Cohen, Sanitarian  
Benjamin Ginsberg, Sanitarian  
Fredda L. Staehle, Sanitarian  
Viron van Williams, Sanitarian  
Etta Levin, Senior Stenographer  
May A. Hiltz, Junior Stenographer

TABLE NO. 1  
INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND  
MISCELLANEOUS FOOD ESTABLISHMENTS, 1947 AND 1946

INSPECTIONS AND ACTIVITIES	1947	1946
Total Inspections—All Establishments .....	14,069	14,340
RETAIL ESTABLISHMENTS		
Inspections .....	4,801	5,930
Initial inspections .....	528	1,754
Special inspections including school cafeterias and homes .....	3,315	3,117
Reinspections .....	1,060	1,059
Activities .....		
Violation notices issued .....	5	16
Number of condemnations of food .....	55	35
Hearings within bureau .....	180	141
Samples of food obtained for examination .....	843	625
Field tests by inspectors .....	926	592
Complaints received and investigated .....	1,250	653
Prosecutions .....	12	10
MANUFACTURING ESTABLISHMENTS		
Inspections .....	1,074	1,998
Initial inspections .....	916	1,093
Special inspections .....	26	620
Reinspections .....	42	285
Activities .....		
Violation notices issued .....	5	3
Number of condemnations of food .....	23	29
Hearings within bureau .....	16	27
Samples of food obtained for examination .....	354	596
Prosecutions .....	4	1
WHOLESALE ESTABLISHMENTS		
Inspections .....	972	540
Initial inspections .....	674	199
Special inspections .....	67	262
Reinspections .....	131	79
Activities .....		
Violation notices issued .....	2	1
Number of condemnations of food .....	90	107
Hearings within bureau .....	20	1
Samples of food obtained for examination .....	112	32
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections .....	7,221	5,872
Market stalls .....	5,464	4,353
Initial inspections .....	2,400	250
Reinspections .....	3,064	4,103
Institutions .....	512	277
Miscellaneous .....	1,247	1,232

**TABLE NO. 2**  
**POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL**  
**FOOD ESTABLISHMENTS, 1947 AND 1946**

TYPE OF FOOD	TOTAL	FOUND BY INSPECTIONS	REQUESTED FOR DECISION
1947			
ALL TYPES OF FOOD .....	164,884	69,132	95,752
<b>WHOLESALE FOOD ESTABLISHMENTS</b>			
All types of food.....	155,240	62,187	93,053
Vegetables and fruit.....	40,630	90	40,540
Meats.....	804	84	720
Seafood.....	5,819	298	5,521
Poultry and game.....	..	..	..
Groceries, canned and bottled goods.....	43,283	4,432	38,851
Baking supplies, nuts and candies.....	64,705	57,283	7,421
<b>MANUFACTURING FOOD ESTABLISHMENTS</b>			
All types of food.....	5,414	5,315	100
Vegetables and fruit.....	..	..	..
Seafood.....	..	..	..
Groceries, canned and bottled goods.....	10	10	..
Baking supplies, nuts and candies.....	5,594	5,495	100
<b>RETAIL FOOD ESTABLISHMENTS</b>			
All types of food.....	4,229	1,630	2,599
Vegetables and fruit.....	24	24	..
Meats.....	69	69	..
Seafood.....	42	42	..
Groceries, canned and bottled goods.....	24	24	..
Baking supplies, nuts and candies.....	3,933	1,334	2,599*
Milk and dairy products.....	133	133	..
Poultry and game.....	4	4	..
1946			
ALL TYPES OF FOOD .....	134,614	19,897	114,717
<b>WHOLESALE FOOD ESTABLISHMENTS</b>			
All types of food.....	89,356	14,066	75,270
Vegetables and fruit.....	55,222	1,090	54,132
Meats.....	184	90	94
Seafood.....	11,957	129	11,828
Poultry and game.....	830	..	830
Groceries, canned and bottled goods.....	5,269	1,339	3,930
Baking supplies, nuts and candies.....	15,894	11,438	4,456
<b>MANUFACTURING FOOD ESTABLISHMENTS</b>			
All types of food.....	4,947	4,817	130
Vegetables and fruit.....	30	30	..
Seafood.....	130	..	130
Groceries, canned and bottled goods.....	2,450	2,450	..
Baking supplies, nuts and candies.....	2,337	2,337	..
<b>RETAIL FOOD ESTABLISHMENTS</b>			
All types of food.....	40,311	994	39,317**
Vegetables and fruit.....	210	210	..
Meats.....	301	69	232
Seafood.....	15	15	..
Groceries, canned and bottled goods.....	39,437	583	38,854
Baking supplies, nuts and candies.....	21	7	14
Milk and dairy products.....	99	99	..
Poultry and game.....	227	10	217

\* Includes 2,599 pounds damaged at fires.

\*\* Includes 39,311 pounds damaged at fires.



TABLE NO. 3  
DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD  
ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1947 AND 1946

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISH- MENTS IN CITY 1947	NUMBER OF INSPECTIONS	
		1947	1946
Total.....	5,090	9,269	8,400
Wholesale and distributing establishments.....	674	972	540
Hucksters and loaded trucks.....	400*	27	89
Commission merchant houses.....	132	72	92
Wholesale groceries and warehouses.....	54	36	162
Candy jobbing houses.....	50	46	18
Wharves.....	3	60	22
Butter and egg distributing and breaking plants.....	14	17	13
Auction houses.....	10	133	63
Cold storage houses.....	5	14	18
Railroad terminals.....	6	12	63
Manufacturing food establishments.....	916	1,074	1,998
Bakeries.....	413	721	1,304
Poultry killing—wholesale and retail.....	228	109	110
Candy manufacturing plants.....	65	93	140
Oyster packing plants.....	40	10	17
Soft drink bottling plants.....	29	17	104
Pickling plants.....	22	14	49
Canning plants.....	16	15	56
Salad manufacturing plants.....	18	44	60
Noodle and potato chip plants.....	10	3	8
Cod fish cake manufacturing plants.....	6	8	25
Extract bottling plants.....	40	22	77
Ice cream cone plants.....	3	1	10
Caterers and sandwich manufacturing plants.....	26	7	36
Market stalls.....	2,400	5,464	4,353
Others, homes, hospitals and so forth.....	1,100	1,759	1,509

\* Approximate figure.

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**BUREAU OF MEAT INSPECTION**

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## BUREAU OF MEAT INSPECTION

William Brenner, D.V.S.

*Director*

The work of the bureau dealt with inspection of livestock before slaughter, examination of carcasses at time of slaughter, condemnation of carcasses and parts of carcasses unfit for human food, supervision of establishments manufacturing meat food products and processing meat products, sanitation of establishments, and issuance of licenses for the various classes of the meat industry.

Five appeals from packers were filed with the office on four cattle, thirteen calves and three swine, condemned by veterinarians for disease conditions. The decision of the veterinarian was upheld except in the case of one calf which was passed for food.

The slaughtering of cattle reacting to Bang's disease and tuberculosis was continued under municipal inspection upon authorization of the federal and state agencies. Services in the examination of cattle and swine for disease also were rendered to: The U. S. Experimental Station, Beltsville, Maryland; St. Elizabeth's Hospital, Washington, D. C.; Spring Grove Asylum, Baltimore, Maryland; and Laurel Training School, Laurel, Maryland.

During the year considerable progress was made in the labeling and sanitary packaging of meat food products. Local packers were required to affix a label to products prepared by them, stating the ingredients used in order of predominance. The sanitary packaging of products has now become a custom and is universally adopted by all progressive packers throughout the country because it keeps the product clean and sanitary, guards freshness, is convenient to handle and does not absorb foreign tastes or odors.

A survey of the markets and certain retail stores revealed the sale of sausage meat without marks of identification of either local or federal inspection, and in some instances, "home-made sausage meat" was found. Recommendations have been made to revise certain sections of the regulation governing the inspection of meats and meat food products in order to stop the illegal making of sausage meat and its insanitary handling.

On March 11 Dr. Robert M. Cory resigned as veterinarian after eighteen years of service with the city. With this and previous resignations of veterinarians in recent years, the bureau has been and is still understaffed, chiefly as a result of inadequate salaries and lack of provisions for overtime

pay to the employees. During the past several years this office has been compelled to use meat inspectors to do the work of the veterinarians for which there are two existing vacancies.

Services were rendered to the Bureau of Food Control in the examination of meats and poultry, and to the Bureau of Communicable Diseases in the examination of dogs for rabies. All inspectors of meat attended the course on rat control given by the Sanitary Section.

The following is a brief summary of the routine activities of the bureau during the year.

NATURE OF SERVICE	1947	1946
Inspection service provided to establishments.....	165	165
Inspection service provided to out-of-state shippers.....	30	7
Inspection service inaugurated at establishments.....	9	3
Supervision maintained over federal establishments.....	11	11
Establishments discontinuing business.....	8	3
Establishments changing classification.....	12	1

### Personnel

Willian Brenner, D.V.S., Director  
 William J. Gallagher, D.V.M., Veterinarian  
 Franklin C. Herndon, D.V.S., Veterinarian  
 Edward J. Moylan, D.V.M., Veterinarian  
 Edward P. Roberts, D.V.M., Veterinarian  
 John R. Saunders, D.V.M., Veterinarian  
 Charles D. Skippon, D.V.M., Veterinarian  
 Eddie P. Yager, D.V.M., Veterinarian

#### *Inspectors—Meat*

Matthew N. Bean	Philip A. Ottenritter
Elmer Frederick	Charles A. Ray
Alois Leiterman	Ernest H. Smith
Henry A. Miller	Lawrence Stettmeier
Thomas J. Morris	Adolph Wobbeking, Jr.

Marie E. Cerney, Senior Stenographer

**TABLE NO. 1**  
**LIVESTOCK INSPECTED, CONDEMNATION OF ANIMALS,**  
**PRIMAL AND EDIBLE PARTS**

YEAR	CATTLE			CALVES			SHEEP			SWINE			GOATS		
	Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned	
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts
1947.....	34,624	127	2,277	96,582	51	555	52,954	10	3,883	93,406	169	26,609	107	..	..
1946.....	46,236	104	2,418	98,995	28	222	81,785	10	7,313	92,821	65	29,367	224	..	..
1945.....	42,056	153	2,661	100,184	44	215	70,851	22	7,081	84,716	136	28,307	45	..	..
1944.....	45,506	116	3,220	116,444	27	293	68,530	40	5,976	114,516	197	32,919	92	1	..
1943.....	35,008	68	1,969	80,387	38	649	75,803	68	11,007	93,694	136	34,285	410	1	9
1942.....	41,600	104	2,492	92,838	75	382	83,587	120	10,819	96,625	229	34,001	89	..	..
1941.....	35,579	83	2,111	91,174	101	352	90,912	209	11,214	121,791	296	59,726	10	..	..
1940.....	27,572	96	2,437	91,825	90	731	95,067	70	3,391	143,235	262	43,636	15	..	..
1939.....	26,827	91	1,424	90,118	52	586	104,188	29	4,269	100,853	139	33,589	36	..	14
1938.....	20,346	18	1,010	87,854	68	756	106,594	36	4,945	81,103	129	28,256	33	..	..
1937.....	22,472	28	1,997	97,372	82	543	94,834	22	5,142	86,769	179	26,004	18	..	..
1936.....	23,211	38	2,303	95,987	74	717	97,275	19	4,946	81,739	126	24,558	15	..	..
1935.....	27,707	90	4,939	95,017	36	1,158	117,284	23	7,290	81,569	474	28,077	92	..	..

**TABLE NO. 2**  
**POUNDS OF MEAT CONDEMNED ON REINSPECTION**

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1947.....	19,673	3,417	1,064	53	96	5,319	9,724
1946.....	26,666	8,048	6,889	299	1,165	7,524	2,741
1945.....	25,250	3,916	3,202	142	140	15,296	2,554
1944.....	35,231	6,471	5,388	1,359	1,174	13,697	7,142
1943.....	25,633	5,902	5,527	693	1,171	7,051	5,289
1942.....	39,261	7,261	22,984	2,167	851	2,949	3,049
1941.....	58,200	14,765	21,043	2,609	629	7,409	12,345
1940.....	37,779	20,316	7,564	677	791	3,054	3,357
1939.....	30,630	10,604	7,384	570	497	3,799	7,676
1938.....	41,021	7,243	11,704	1,926	3,726	8,685	7,727
1937.....	35,324	9,450	15,414	454	557	7,707	1,742
1936.....	41,413	10,628	16,413	443	588	2,885	10,458
1935.....	53,024	10,511	7,888	1,202	503	6,374	6,546

**TABLE NO. 3**  
**POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED,**  
**PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION**

TYPE OF MEAT PRODUCTS	CITY	COUNTIES
Meat products (fresh).....	828,225	
Meat products (smoked).....	2,910,141	661,437
Meat food products (fresh).....	997,719	358,395
Meat food products (smoked).....	4,598,784	541,195
Meat food products (cooked).....	1,300,315	153,140
Meat food products (boiled).....	564,385	219,240
Lard.....	437,490	448,385
Lard Compound.....	273,550	..
Total pounds.....	11,910,609	2,381,792



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**BUREAU OF ENVIRONMENTAL HYGIENE**

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## BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

*Director*

The activities of the Housing Law Enforcement Committee in the rehabilitation of slums on an area basis by the enforcement of existing ordinances pertaining to health and sanitation which started with one block in 1945 and a second block in 1946 was further expanded to include 26 blocks in 1947. The program continued to receive the support of the press, civic groups and the public and attracted nationwide interest. The rodent control program of the city was placed on a firm basis by the transfer of the activities to the Health Department and change in emphasis from suppression by poisoning to environmental control on a block basis on the recommendation of the Rodent Control Coordinating Committee. Again the emphasis in industrial hygiene was placed upon the comprehensive evaluation of specific occupational disease hazards in industry and the incorporation of engineering control measures in plans for new industrial construction prior to their approval by the Building Inspection Engineer. Other steps forward in the field of environmental sanitation included the establishment of a central Housing Court to handle all violations of city housing and sanitation ordinances and the organization of a police sanitation squad under a police inspector which consists of two patrolmen in each district who devote their full time to the enforcement of sanitary regulations.

### Industrial Hygiene

In continuing last year's program of concentrating on actually hazardous conditions in industry, rather than on routine industrial plant inspections, 55 technical studies of exposure to toxic materials were conducted and specific control measures were recommended and instituted. As the result of this work surveys were made of only 83 establishments employing 1,905 workers. In addition 14 studies were made of industrial waste disposal problems. Applications and plans for industrial construction were reviewed and recommendations for controlling toxic materials and hazardous processes were incorporated in the plans for 219 establishments prior to their approval by the Building Inspection Engineer. Legal action in one instance where the owner failed to install an exhaust system in his spray paint room resulted in a court order to close down the operation until the exhaust system was provided. This action brought corrections of similar

hazardous conditions in other plants which were unknown officially. Favorable court action on industrial ventilation in another case established the division's position to the extent that such recommendations are now considered authoritative by the local engineering and legal profession. A third legal case involving the occurrence of lead poisoning in an attendant at a shooting gallery resulted in a court decision closing the establishment until corrections were made.

### *Toxic Conditions*

A compensation award was made for silicosis in Baltimore, probably the first such instance. The case occurred in a worker at a monument cutting plant. Dust studies of the plant and X-rays of the eight other workers disclosed a harmful environment which is being corrected by the installation of suitable control equipment. Four cases of mercurial poisoning in a commercial laboratory were found upon investigation to be due to careless distillation procedures; the work has since been abandoned. An unusual dermatitis caused by the grain mite and occurring among broom factory workers was investigated, recognized and controlled within a three-week period. A radiation study of an industrial X-ray unit disclosed unsafe conditions which were quickly rectified. Similar results were obtained when testing the exposure of an exhibitor at a medical conference who was demonstrating fission reactions produced by radium emanations bombarding uranium. Lead exposures in scrapping ships painted with lead pigments presented an unsafe condition until certain working procedures were altered.

### *Miscellaneous Activities and Studies*

Other studies completed included the following:

1. A carbon monoxide study in a clothing shop uncovered the cause of illness of five workers who were exposed to flue gases from a defective gas-fired boiler.
2. In cooperation with the Fire Department studies were made of four locations where gasoline leaked from storage tanks and entered cellars of neighboring dwellings.
3. One of two lead dust studies made in can manufacturing plants disclosed unsafe conditions for workers around body-making machines where at least one operator had developed lead poisoning. Ventilation equipment was installed to control the hazard.
4. Neighborhood infestations with copra bugs whenever ships containing coconut meal were unloaded at a soap plant were brought under control by fumigation of the cargoes en route on subsequent shipments.

5. High exposures to trichlorethylene vapors from a degreasing unit were controlled by the installation of a local exhaust system.

6. Irritation of the respiratory tracts of workers caused by spraying a silver nitrate solution in an electrotype establishment ceased when the work was conducted under an exhaust ventilation hood.

7. A hazardous exposure to cyanide gas in the compressor room of a fumigation chamber due to leakage from an open drain valve at the bottom of the vent stack was corrected by terminating the drain pipe outside of the building.

8. A material reduction of a lead dust concentration at a paint mixing operation was obtained by the installation of a local exhaust ventilation system.

9. Educational activities of the division included explanation of the program to engineering and medical students, visitors from this country and abroad and two exhibits at conventions.

#### *Gas Appliance Ordinance*

The use of aluminum alloy mixing tubes on gas-fired appliances, particularly conversion burners, operating on manufactured gas was found to be a fire and health hazard due to back flashes melting away the metal assembly. Of the two types of such conversion burners encountered, over 400 of one model in service were replaced with cast iron elements while 32 of another model were prohibited from being sold and installed.

Revocation of registration by the Commissioner of Health of an appliance followed an inspection which disclosed that an intricate design of a copper tube heat exchanger in a central house heating appliance was apt to cause the flueway to become clogged and result in the formation of carbon monoxide.

New licenses were issued to 35 gas appliance dealers in 1947, and 429 licenses were renewed. The total of 464 licenses in force compares with 394 such licenses in 1946.

Other activities in the enforcement of the gas appliance ordinance are shown in the accompanying table.

GAS APPLIANCE ORDINANCE ENFORCEMENT ACTIVITIES

ACTIVITIES	1947	1946
Inspections.....	92	266
Violations.....	20	153
Detentions of unapproved appliances.....	52	224
Hearings on violations.....	5	7
Gas appliances registered.....	1182	254
Gas fitters registered.....	52	140

### Community Sanitation

The investigation of complaints in the field of environmental sanitation was the primary activity of the division during 1947. The study of the presence of typhus fever antibodies in rats was continued and disclosed that infected rats were present only in a very limited area. A revised procedure for the collection of city water samples was placed in effect in order to secure a more representative picture of the quality of water as delivered to the consumer. Close cooperation with officials of the Department of Recreation and Parks resulted in an improvement in the sanitary quality of the water in the public park swimming pools. Efforts were made to continue the inspection of hospitals, convalescent homes, carrier watering points and motion picture theaters, and the posting of polluted streams and similar projects.

#### *Endemic Typhus*

Four additional cases of typhus fever, one fatal, occurred in occupants of the east side of the 600 block of N. Calvert Street during January, making a total of six cases which had occurred among residents of the block. On receipt of the reports of the new cases, a thorough dusting of rat runs with DDT and additional poisoning and trapping operations were accomplished with the assistance of the Rodent Control Division. The new lessee of the properties was required to take prompt steps to improve garbage disposal methods, remove trash accumulation and extensively rat-proof the basements of the properties. In addition the tenants of the apartments were informed of their responsibility in the proper handling of trash and garbage. The Bureau of Communicable Diseases at the same time promoted a vaccination campaign among residents of the block. These measures were apparently effective since no further cases of typhus fever developed in the block.

#### *Water Supplies*

A new system for the collection of samples of city water was inaugurated in February. Instead of collecting samples from 26 fixed sampling stations, as had been the practice, the city was divided into 26 areas each consisting of six census tracts and a sample was collected each week from one of the census tracts in each area. The six census tracts of a particular area are sampled in rotation giving a coverage of each census tract in the city in a period of six weeks. A different location within each census tract is selected each time the tract is sampled. Since samples are obtained from all sizes of mains at varied locations and the sampling is roughly proportional to the population, the sampling is more representative of the char-

acter of the water delivered to consumers throughout the distribution system. Utilizing this procedure 1,504 samples were collected and analyzed for the presence of coliform organisms. The percentage of 10 ml. portions confirmed was 0.85 as compared with 0.50 for 1946. Other water supplies inspected and sampled included public and semi-private springs and wells and commercial bottled waters. Three semi-private springs deemed unsafe as water supplies were posted with warning signs.

Cooperation was given the Bureau of Water Supply in the prompt investigation of two cases where sewer lines had broken in the immediate vicinity of water mains. In each instance prompt remedial action was taken to prevent contaminated water reaching the consumer's tap.

#### *Swimming Pools and Bathing Beaches*

Periodic inspection of swimming pools was continued and samples of pool water were collected for laboratory examination. Frequent inspections of the public park pools and consultations with the operating personnel were reflected in an improvement in the sanitary quality of the water in these pools. Operation of the privately operated pools was, in general, very satisfactory.

Investigation of complaints from the City College Alumni Association relative to the condition of the City College Pool disclosed that while the pool was being operated in such a manner as to be perfectly safe, more frequent vacuum cleaning of the pool was desirable and there was need for control of the pH of the pool water. The Department of Education arranged for more frequent vacuum cleaning and the addition of soda ash to prevent the water from becoming acid.

Several inspections were made of the bathing beach at Fort Smallwood and samples of water were collected for laboratory examination. Due to difficulties in the operation of the chlorinating equipment for treating the sewage disposal plant effluent, contamination of the portion of the beach near the point of discharge was observed. However, the portion of the beach actually being used for bathing was satisfactory.

#### *Sewage Disposal and Stream Pollution*

Persons interested in constructing two housing developments on vacant land where sanitary sewer facilities were not available applied for permission to discharge sewage from the proposed developments into streams. Inasmuch as the streams were already polluted the developers were informed that the Health Department would approve use of the stream for sewage disposal provided the sewage was treated and the effluent chlorinated prior to discharge into the streams.

The Bureau of Sewers completed sewerage facilities in the Dundalk-

Graceland Park, Wagners Point and Gardenville sections making it possible to eliminate very insanitary conditions arising from overflowing cesspools and secondary waste being discharged on the surface of the ground.

Signs warning the public of the polluted character of the water were posted at 71 locations along the banks of polluted streams.

### *Miscellaneous Activities*

1. At the request of the Department of Public Welfare an inspection was made of the sewage disposal system of Cylburn and connection of the institution to the sanitary sewer was recommended.

2. The Division worked closely with the sanitary patrolmen of the Police Department who were appointed in July. The work of these officers closely parallels the work and activities of the division and the excellent work the officers performed has been of great assistance to the Health Department and the City.

3. Inspections were made and improvements obtained at several private dumps.

4. Periodic inspections of the sanitary fill operations conducted by the city were continued and were found to be functioning without any nuisance.

5. Visits were made to six vessels arriving in Baltimore with psittacine birds aboard and 16 psittacine birds were delivered to the Health Department for destruction.

6. Cooperation was given the Bureau of Sewers on two occasions involving chokage of the screens at the sewage pumping station. In the first instance it was due to tomato waste from canneries and the second occurrence was due to slaughter house offal. In both cases relief was obtained following Health Department action.

7. In cooperation with the Police Department a system was worked out to eliminate duplication of effort in the follow-up of Health Department notices.

### **Housing**

The work of the Housing Law Enforcement Committee in slum rehabilitation by the enforcement of existing ordinances pertaining to health and safety continued to receive the support of the public and attracted nationwide interest. The Committee was streamlined to consist of representatives of the Department of Public Works, Redevelopment Commission, Fire Department, Police Department and Health Department. With increased personnel provided in the 1947 budget of the Division of Housing, the program was expanded to include 26 additional blocks. All initial inspections were made by the Health Department, thus eliminating duplication of effort. A total of 6,121 investigations involving the shelter of

25,338 persons was made and although materials, particularly plumbing supplies, remained scarce, 1,303 dwelling units were improved to conform with the housing code. The Chief of the Division of Housing continued to carry on an educational program to interest the public in the housing problem, its relation to health and the Health Department's activities in this field. A total of 3,925 persons was reached directly through illustrated talks and field tours through blighted areas.

### *Houses Unfit for Human Habitation*

A total of 132 structures housing 977 persons was posted as unfit for human habitation as compared to 103 dwellings housing 882 persons in 1946. Due to the continued critical housing shortage only those structures where extremely hazardous and insanitary conditions existed were ordered vacated and even then it required an average of forty-five days to have the properties vacated as compared to twenty-four days in 1946. It is interesting to note that 25 per cent of the occupants of the unfit dwelling units were receiving assistance from the Department of Public Welfare. During the year 89 structures which had been previously vacated were approved for occupancy following extensive repairs and 28 structures were razed.

### *Rooming Houses and Lodging Houses*

The number of applications for permits to operate rooming houses, lodging houses and hotels was 882 as compared to 888 in 1946. Due to carry-over of pending applications from the previous year a total of 1,162 housing permits was issued and only 8 applications were pending at the end of the year. Only 5 structures operated as rooming houses were posted to be vacated as unfit for human habitation as compared to 15 for 1946.

### *Overcrowding*

Dwelling units found to be overcrowded according to the standards of the housing code numbered 51 as compared to 54 for 1946. Seventy-five per cent of the overcrowded dwelling units were found to be occupied by Negro families.

### *Housing Rehabilitation*

Slum rehabilitation by the Housing Law Enforcement Committee which started in 1945 with one block in south Baltimore and was expanded in 1946 to include a second block was further expanded in 1947 with the increased personnel provided for this purpose in the 1947 budget. Six blighted areas comprising 308 blocks suitable for carrying out an enforcement program were selected by the Committee. These areas are known as the Sharp, Urban, Mt. Clare, Peabody, Franklin and Latrobe areas.



Twenty-six blocks located in four of the six general areas and comprising 865 dwelling units were undertaken in the enforcement program in 1947. Although it was late in the year before notices were sent to the property owners of structures in quite a number of the blocks, in 11 blocks 70 per cent of the dwelling units were completely rehabilitated and in 6 blocks including the blocks begun in 1945 and 1946 compliance was 100 per cent by the close of the year. It was necessary to post and vacate 20 of the properties as unfit for human habitation and to resort to legal action in 32 cases involving owners and 6 cases where tenants were responsible. The continued scarcity of materials, particularly plumbing supplies, was a major factor in retarding the speed of the program.

### *Legal Procedures*

The setting up of a special magistrate court known as the Housing Court in July, following conferences with the Attorney General's office, to hear all cases involving violations of ordinances pertaining to housing and sanitation promises to be the answer to the long delays and unsatisfactory action formerly experienced in the police district magistrate courts. Summons for failure to comply with notices to correct unhealthful conditions were issued in 119 instances of which 70 were for owners and 49 were for tenants. Of this number forty-one defendants were found guilty in the magistrate courts and nine were sent to Criminal Court. Magistrate courts assessed fines totaling \$583.00 and the six defendants convicted in Criminal Court paid fines amounting to \$900.00.

### *Miscellaneous Activities*

1. In cooperation with the Bureau of Venereal Diseases eight hearings were held with hotel operators as the result of reports by persons infected with venereal disease naming the hotel or rooming house as the place of contact. One housing permit was denied because of records of unsatisfactory management.

2. Eight hundred and eighty-eight sets of plans for new dwellings and conversion of structures to multiple family dwellings were reviewed on referral from the Bureau of Building Inspection for possible violation of the housing code and 87 were disapproved as submitted.

3. In cooperation with the zoning enforcement officer of the Bureau of Building Inspection 688 possible zoning violations were called to his attention and in 69 instances occupancy was in violation of the zoning ordinance.

4. Cooperation was given the Bureau of Child Hygiene in the inspection of Class A Family Homes.

5. Photography continued to play a very important part in the enforce-

ment of the housing code and in this connection and in cooperation with other bureaus and departments 1,555 negatives were developed as compared to 878 for 1946.

### Plumbing

In cooperation with the Bureau of Sewers three domestic garbage grinders were tested for performance and two were approved by the Sewerage Engineer and the Commissioner of Health for installation in Baltimore. Upon completion of sewerage facilities by the Bureau of Sewers in Dundalk-Graceland Park, Wagners Point and a section of Gardenville notices were served on the property owners to connect their properties to the sewers and to eliminate existing insanitary methods of sewage disposal. At the end of the year most of the properties were connected to the sanitary sewers. In all, 2,855 properties were connected to the sanitary sewerage system in 1947 making a total of 177,464 connections in the city. There were 2,099 potential cross connections prevented or eliminated during the year as compared to 2,690 in 1946. Demonstrations of cross connections in plumbing systems and methods for correction were given to interested groups and individuals including a representative from Edgewood Arsenal.

### Rodent Control

The Rodent Control Coordinating Committee consisting of representatives of the Health, Police and Public Works Departments, organized in September, 1946 to study and develop a comprehensive and coordinated rodent control program met regularly during the year. Activities of the Committee included: Three in-service training courses in rodent control for selected municipal employees; a field experiment in coordinated rodent control in a small test area; and the study of proposed ordinances to make the rodent control program more effective.

On April 17 the Board of Estimates on recommendation of the Committee approved the placement of responsibility for rodent control in the Health Department effective on May 1 and on that day the Rodent Control Division of the Bureau of Sanitation became the Division of Rodent Control of the Bureau of Environmental Hygiene. A reorganization of the activities and personnel of the division was instituted and the emphasis of the program was changed from attempting to eliminate rats by poisoning alone to a program of environmental control on a block basis. Much time was required to obtain and train personnel in the new procedures but it is hoped that considerable strides in rodent control will be accomplished in 1948.

The survey started in 1946 in cooperation with the Bureau of Laboratories and the National Institute of Health to determine to what extent

rats in the city would give positive complement-fixation tests for typhus fever was continued in 1947. Of the 101 rats trapped and examined the 20 which were found to be positive came from the block where cases of typhus fever occurred and the railroad yards in the immediate vicinity.

### Personnel

George W. Schucker, B. E., Director  
Charles E. Couchman, Chief, Division of Industrial Hygiene  
George O. Motry, Chief, Division of Community Sanitation  
G. Yates Cook, Chief, Division of Housing  
Carroll H. Reynolds, Chief, Division of Plumbing  
Charles M. Kenealy, Chief, Division of Rodent Control

### Sanitarians

William O. Armstrong, III	Harold E. Hackman
Sidney L. Berlin	Henry R. Hendrickson
E. Shirley Biddison	Floyd B. Hughlett, Jr.
John F. Block	William R. Johnson
Charles H. Borcharding, Jr.	Kirk K. Kingston
Lee S. Bowers	James M. Lumpkin
John H. Braunlein, Jr.	Felix H. Pretsch
Elbert H. Cohen	Albert Pruss
T. Evans Fernandis, Jr.	Ethel Y. Rice
Milton P. Friedmann	Wellington S. Ross
William M. Gardner	C. Edward Sachs
Frank S. Gordon	William Sallow
Albert J. Grossman	Edward H. Vail
Morton Guth	

Charles B. Creighton, Senior Inspector-Plumbing  
Joshua L. Norris, Senior Inspector-Plumbing  
Joseph P. Reynolds, Senior Inspector-Plumbing  
Walter Underwood, Senior Inspector-Plumbing  
William J. Wheeler, Senior Inspector-Plumbing  
John H. Pike, Inspector-Plumbing  
Henry G. Rausch, Inspector-Plumbing  
Benjamin F. Schwarzmenn, Inspector-Plumbing  
Howard R. Coggins, Inspector-Food  
John O. Long, Sanitary Inspector  
Henry J. Cordler, Supervisor-Rodent Control  
John F. Sadler, Supervisor-Rodent Control  
Jacob G. Vogtmann, Principal Clerk  
Irma E. Wehn, Principal Clerk  
Joseph B. Finnan, Senior Clerk  
Kathryn S. Hoff, Senior Clerk  
Mildred M. King, Senior Clerk  
Donald A. Stockley, Senior Clerk  
Selma Aebli, Senior Stenographer

Mary J. LeRoy, Senior Stenographer  
Edith P. Mullahey, Senior Stenographer  
Mary L. Rentz, Senior Stenographer  
Mary E. Arena, Junior Stenographer  
Dolores T. Eckerl, Junior Stenographer  
Ruth Tischler, Junior Stenographer  
Vera N. Maciolek, Junior Typist  
Attilio J. Castagnoli, Jr., Heavy Duty Laborer  
Calvin D. DeFord, Heavy Duty Laborer  
William H. Hunter, Heavy Duty Laborer  
John W. Biden, Laborer  
George W. Bruchey, Worker-Rodent Control  
Louis Washington, Worker-Rodent Control

TABLE NO. 1  
HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS

TYPE OF IMPROVEMENT	NUMBER	POPULATION
TOTAL.....	226	4,830
Health-Occupational Hazards		
Atmospheric pollution.....	11	400
Exposure to toxic materials controlled by:		
Materials discontinued.....	3	27
Installation of local exhaust system.....	35	1,150
Provision of masks or respirators.....	3	27
Operations changed.....	1	6
Segregation.....	1	5
Exposure to carbon monoxide controlled by:		
Approved draft-hood.....	1	4
Approved venting.....	4	22
Lighting improved:		
Artificial.....	3	41
Noise reduced.....	2	50
Ventilation improved:		
Artificial.....	9	109
Natural.....	2	35
Sanitation		
Drinking facilities improved.....	7	496
Industrial waste disposal improved.....	18	240
Insanitary premises improved.....	3	130
Insect, vermin and rodent control instituted.....	3	55
Personal clothing storage facilities provided.....	1	113
Restroom provided.....	1	59
Toilet facilities provided or improved.....	20	443
Washing facilities provided or improved.....	12	211
Water provided.....	1	10
Personnel Services		
First aid equipment provided.....	4	49
Accident Hazards		
Good housekeeping instituted.....	2	410
Goggles provided.....	1	27
Machinery guarded.....	1	3
Safe practices instituted.....	1	110
Other Improvements		
New building and equipment.....	75	536
Heat provided.....	1	12

TABLE NO. 2  
DETAILED STUDIES MADE

INDUSTRIES	NUMBER OF STUDIES	DUSTS			GASES		VAPORS		RADIATION			OTHERS	
		Chrom- Compounds	Lead	Silica	Carbon Mon- oxide	Hydrogen Cyanide	Chlorinated Hydrocarbons	Mercury	Visible	Gamma Rays	X-Rays	Noise	Ventilation
All industries studied.....	55	2	29	3	6	1	3	2	1	2	1	1	4
Amusement—shooting galleries.....	11	..	11	..	..	..	..	..	..	..	..	..	..
Automotive—repairs.....	2	..	..	..	1	..	..	..	..	..	..	..	1
Chemicals—manufacturing.....	5	1	4	..	..	..	..	..	..	..	..	..	..
Foundries.....	8	..	3	2	2	..	..	..	..	..	..	..	1
Laboratories.....	3	..	..	..	..	..	..	1	..	2	..	..	..
Metals—fabrication.....	10	1	5	..	..	..	3	..	..	..	..	..	1
Printing.....	5	..	2	..	2	..	..	..	..	..	..	1	..
Wrecking and junk.....	2	..	2	..	..	..	..	..	..	..	..	..	..
Others—less than two plants.....	9	..	2	1	1	1	..	1	1	..	1	..	1

TABLE NO. 3  
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED  
FOR OCCUPATIONAL HAZARDS AND SANITATION

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS				SPECIAL RECOMMENDATIONS						CONSULTATIONS
	Number Reviewed	Disapproved or Aban- doned	Approved		Ventilation			Sanitation			
			Without Recom- mendations	With Recom- mendations	Mechanical		Natural	Industrial Waste Disposal	Personal Service Conveniences		
					Local	General					
All types.....	219	12	22	185	31	44	1	4	6	212	
Automotive—repair.....	39	..	..	39	12	29	..	..	..	39	
Chemical processing.....	9	3	..	6	1	..	..	1	1	9	
Concrete products manufacturing.....	4	1	..	3	3	..	..	..	1	4	
Dry cleaning service.....	9	..	..	9	2	7	..	..	..	9	
Electrical equipment.....	11	1	..	10	1	..	..	..	..	7	
Laundry service.....	23	4	..	24	..	3	..	..	..	25	
Metal goods fabrication.....	32	..	..	32	8	3	1	1	..	32	
Office and mercantile.....	6	..	..	6	..	..	..	..	1	6	
Printing and allied work.....	8	..	..	8	1	1	..	..	..	8	
Warehouses.....	61	3	21	37	..	..	..	2	2	61	
Others (less than 3 of 1 type).....	12	..	1	11	3	1	..	..	1	12	



TABLE NO. 5  
ACUTE CASES OF CARBON MONOXIDE POISONING (ILLUMINATING GAS), 1927-1947

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1947.....	137	89	38
1946.....	157	104	53
1945.....	130	69	61
1944.....	140	72	68
1943.....	178	66	112
1942.....	123	68	55
1941.....	137	95	42
1940.....	174	102	72
1939.....	202	77	125
1938.....	130	82	48
1937.....	114	71	43
1936.....	218	63	155
1935.....	130	80	50
1934.....	154	100	54
1933.....	157	100	57
1932.....	172	101	71
1931.....	152	93	59
1930.....	184	96	88
1929.....	142	78	64
1928.....	136	75	61
1927.....	154	81	73

TABLE NO. 6  
NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE  
APPLIANCES FROM 1930-1947

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Nonfatal	Fatal	Nonfatal	Fatal	
1947.....	38	18	8	9	3	8
1946.....	53	29	10	10	4	8
1945.....	61	31	23	6	1	6
1944.....	68	35	20	12	1	5
1943.....	112	42	20	49	1	13
1942.....	55	28	9	16	2	8
1941.....	42	22	6	14	0	3
1940.....	72	45	6	19	2	5
1939.....	125	32	9	83	1	7
1938.....	48	30	12	6	0	0
1937.....	43	31	11	1	0	1
1936.....	155	131	22	2	0	0
1935.....	50	33	17	0	0	1
1934.....	54	41	13	0	0	3
1933.....	57	36	21	0	0	2
1932.....	71	36	29	5	1	6
1931.....	59	36	20	3	0	5
1930.....	88	55	28	2	3	9



TABLE NO. 7  
COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1947	1946	1947	1946
TOTAL.....	6,779	6,470	2,192	1,781
Complaints				
Ashes and garbage.....	539	471	61	36
Building defects.....	319	220	18	8
Choked sewers.....	89	118	44	28
Dead animals.....	3	2	10	..
Defective drainage.....	382	266	37	75
Defective heating equipment.....	61	56	14	2
Defective plumbing.....	746	1,038	26	39
Defective toilet facilities.....	878	764	7	22
Fowls and animals.....	325	322	12	11
Grass and weeds.....	330	335	165	76
Insanitary conditions.....	1,429	1,258	138	175
Insects.....	180	123	23	12
Miscellaneous.....	110	171	38	27
Privies and cesspools.....	49	89	12	128
Rats.....	551	570	758	228
Water in cellar.....	788	667	21	97
Special Investigations				
Barber shops.....	..	..	2	..
Child care institutions.....	..	..	2	..
City dumps and sanitary fills.....	..	..	149	122
Color tests.....	..	..	456	448
Environmental survey inspections.....	..	..	9	5
Hospitals and convalescent homes.....	..	..	67	57
Motion picture houses.....	..	..	57	65
Nursery schools.....	..	..	13	..
Pet shops.....	..	..	1	..
Private dumps.....	..	..	8	9
Rat surveys.....	..	..	17	17
Rat resurveys.....	..	..	2	4
Schools.....	..	..	3	5
Slum area surveys.....	..	..	..	1
Trailer camps.....	..	..	2	3
Unsewered area surveys.....	..	..	..	2
Watering points—carriers.....	..	..	22	79

TABLE NO. 8  
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1947	1946
TOTAL.....	17,219	15,953
Complaint.....	8,962	7,956
Patrol and special.....	2,192	1,781
Reinspection.....	6,065	6,218

TABLE NO. 9  
COMPLAINTS

ACTION TAKEN	1947	1946
Handled by inspectors.....	7,329	6,779
Referred direct to other bureaus or departments.....	59	133
Investigated and referred to other bureaus or departments.....	728	537
Investigated and referred to police for follow-up.....	1,812	2,894
Notices to abate nuisances.....	3,563	3,824
Hearings for failure to comply with notices.....	270	276
Summonses issued for failure to comply with notices.....	23	37
DISPOSITION		
TOTAL.....	7,379	6,902
Abatement by inspector.....	2,814	2,774
Cancelled (withdrawn or corrected before inspection).....	3,048	2,261
Conditions of no health significance.....	607	944
Direct reference to other bureaus or departments.....	59	133
Investigated and referred to other bureaus or departments.....	851	790
Reported abated by police.....	1,112	2,149

TABLE NO. 10  
DWELLING INSPECTIONS

	TOTAL	STATE OF REPAIR			
		Satisfactory	Minor Repairs Needed	Major Repairs Needed	Unfit for Habitation
1947					
Total dwellings inspected.....	886	38	342	440	66
Housing Law Enforcement—dwellings..	650	18	272	351	9
Dwelling units.....	837	21	328	470	18
Sanitary Classification: Good.....	146	17	82	47	..
Fair.....	412	1	181	229	1
Poor.....	83	..	8	73	2
Bad.....	9	..	1	2	6
Occupants.....	3,403	75	1,396	1,888	44
Relief families.....	49	..	11	37	1
Complaint Investigated—dwellings....	236	20	70	89	57
Dwelling units.....	601	50	180	230	141
Sanitary Classification: Good.....	36	18	17	1	..
Fair.....	86	2	43	38	3
Poor.....	47	..	9	35	3
Bad.....	67	..	1	15	51
Occupants.....	2,576	350	730	948	548
Relief families.....	70	..	11	36	23
1946					
Total dwellings inspected.....	255	9	64	140	42
Dwelling units.....	593	33	155	316	89
Sanitary Classification: Good.....	29	6	17	5	1
Fair.....	114	3	40	67	4
Poor.....	74	..	7	61	6
Bad.....	38	..	..	7	31
Occupants.....	2,135	101	487	1,279	268
Relief families.....	54	1	11	26	16

TABLE NO. 11  
HANDLING OF DWELLING INSPECTIONS

ACTION TAKEN	1947	1946
Notices issued		
To owners.....	933	381
To tenants.....	980	482
To vacate premises or dwelling unit.....	132	103
Notice disposition		
Complied with.....	615	377
Housing permits issued.....	1,162	658
Housing permit applications disapproved.....	188	222
Hearings for failure to comply with notices.....	88	111
Summonses issued for failure to comply with notices.....	119	140
Cases tried in the Criminal Court.....	9	6
DISPOSITION		
No violations found.....	34	4
Dwelling units improved.....	1,303	1,030
Dwellings vacated.....	132	103
Dwellings demolished.....	26	14

TABLE NO. 12  
HOUSING INSPECTIONS

TYPE OF INSPECTION	1947	1946
TOTAL.....	6,255	3,726
Dwellings.....	952	255
Rooming houses.....	916	667
Reinspections.....	4,256	2,804
Class A Family Homes (Child care).....	131	..

TABLE NO. 13  
METHODS OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1947	NEW CON- NECTIONS	DISCONNECTED
Connections to sanitary sewers.....	177,463	2,635	..
Private drains to sanitary sewers.....	15,137	1	..
Connections to storm water outlets.....	13,275	112	..
Privies.....	..	..	16
Cesspools.....	..	..	97

TABLE NO. 14  
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1947	1946
Total permits issued.....	16,494	12,765
Permits for sanitary sewer connections.....	4,963	3,216
Permits for plumbing installations.....	11,531	9,549
Inspections of plumbing.....	19,850	19,456
Plumbing fixtures installed.....	26,857	12,791
Bathbubs.....	4,111	1,666
Miscellaneous.....	1,522	819
Sinks.....	4,323	1,884
Slophoppers.....	39	38
Urinals.....	249	203
Wash basins.....	5,884	3,056
Water closets.....	7,742	4,348
Wash trays.....	2,987	777

TABLE NO. 15  
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1947	1946
TOTAL.....	2,099	2,690
Frost-proof hoppers.....	941	1,241
Drinking fountain.....	2	3
Bar and soda fountain.....	2	10
Bathtub.....	457	623
Water closet.....	34	11
Wash basin.....	619	759
Dish washer.....	4	10
Glass washer.....	..	1
Cellar drainer.....	4	2
Industrial.....	4	..
Compressor.....	3	..
Wash tray.....	23	28
Air conditioning unit.....	1	1
Washing machine.....	..	1

## **STATISTICAL SECTION**



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## STATISTICAL SECTION

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## STATISTICAL SECTION

W. Thurber Fales, Sc.D.

*Director*

The program of the Statistical Section includes, in addition to vital records and routine statistical functions, expanding statistical services to other bureaus of the Health Department and special studies in population. The latter have led to the collection of many data on the movement of population in Baltimore which have been made available to many official and private agencies outside the Health Department.

Since the establishment of a Bureau of Biostatistics and Bureau of Vital Records within the section, the director of the section has been able to devote more time to the development of the statistical program within the Department and to render statistical consultation to official and private agencies having interest in the population of Baltimore.

During 1947 the section assisted the Bureau of Research and Statistics of the City Department of Education in a study of future school enrollment based on an analysis of births registered through 1946. As an outgrowth of this study, the Department of Education plans the establishment of a permanent register of the child population of Baltimore. The Statistical Section will cooperate in providing birth data. The section also furnished information on health and social conditions in the city and selected areas to a committee of the Department of Education preparing a high school curriculum on current social studies. Population and health data were furnished many other agencies and individuals, including material for the preparation of special articles on housing and population by feature writers from Baltimore newspapers.

During the summer the Statistical Section undertook the active direction of the fifth census survey of the Eastern Health District. Over a period of twenty-five years, the Baltimore City Health Department and the Johns Hopkins School of Hygiene and Public Health have cooperated periodically in making a house-to-house survey of the population of this area. The first census was undertaken in 1922 and included only Ward 7. Upon the establishment of the Eastern Health District in 1932, a census of Wards 6 and 7 was made in the summer of 1933, and this activity was repeated in 1936 and 1939. Because of the changes in population during World War II, it was found desirable to resurvey the area during the summer of 1947.

In all but the 1936 surveys, a large part of the field work each time has

been done by public health nurses. The information secured in the census has been the basis of continuous studies in disease control and population by both the Health Department and the School of Hygiene. The data from the 1947 survey which included 27,647 families will be available for analysis during 1948.

The Director of Vital Records, Mr. Isadore Seeman, was absent during the first five months of the year on a scholastic leave. He returned to the section on June 16 having received the degree of Master of Public Health upon completion of his studies at the University of Michigan. Mr. Robert W. McCleary served as acting director of the bureau through March 3. On March 20, Mr. Langdon Backus resigned as Statistician in the Bureau of Biostatistics to accept the position of Director of Research and Statistics of the Philadelphia Tuberculosis and Health Association.

The director of the section was appointed by the World Health Organization in January, to the Expert Committee for the Preparation of the Sixth Decennial Revision of the International List of Causes of Death. At the first session of the Committee at Ottawa, Canada, March 10-19, he was elected vice-chairman. The second session of the Expert Committee was held at Geneva, Switzerland, October 21-29. At this meeting the proposals for the Sixth Revision were incorporated in a document entitled *International Statistical Classification of Diseases, Injuries and Causes of Death*. At the annual meeting of the American Statistical Association in New York City in December, the director reported on the work of the Expert Committee.

In April the director attended the first postwar Work Conference for State Registrars called by the National Office of Vital Statistics in Washington, D. C. He continued to serve on several national committees on vital statistics including the statistical committee of the Health Insurance Plan of Greater New York and as a member of the statistical committee of the American Cancer Society.

#### **Bureau of Biostatistics**

Because of the inability to find a suitable candidate for a director, the work of the bureau was supervised jointly by the Director of the Statistical Section and the Director of the Bureau of Vital Records. Considerable progress was made during the year in reorganizing and improving the statistical reports relating to the quarterly analysis of tuberculosis and venereal disease clinic activities and a special analysis of the mass X-ray surveys in the first six months of the year was made. This work was made possible because of the addition of a trained statistician to the Bureau of Tuberculosis during the latter part of 1946 for whom technical supervision is furnished by the Statistical Section.

The bureau was responsible for the preparation of weekly reports of births, deaths and reported cases of communicable diseases. In addition to monthly reports of vital statistics and communicable diseases, reports of preventive inoculations of diphtheria toxoid and whooping cough vaccine were prepared monthly for the Bureau of Communicable Diseases and the District Health Officers, and reports of food control inspections were prepared monthly for the Bureau of Food Control. During the first six months the bureau prepared or reviewed all statistical tabulations appearing in the ANNUAL REPORT of the Department for 1946.

As a special service to the Division for Juvenile Causes of the Supreme Bench of Baltimore City, the bureau again prepared a tabulation of the cases heard by this court. This service represents an interesting example of interdepartmental cooperation whereby the statistical facilities of a large municipal department are put at the disposal of a branch of government having only occasional need for such service.

The expanding statistical program of the Bureau of Biostatistics has been possible because of the arrangements that have been made for the bureau to use the tabulating equipment of the Municipal Bureau of Machine Accounting. Although the actual machine tabulations are carried out by an employee of the Bureau of Biostatistics under the supervision of the Statistical Section, the use of the equipment of the Bureau of Machine Accounting eliminates the need for the city to maintain duplicate installations of similar mechanical equipment. It permits more constant utilization of equipment and thereby reduces greatly the expense involved in both machine accounting and statistical work.

### Personnel

W. Thurber Fales, Sc.D., Director  
Margaret E. Amspacher, Senior Statistical Clerk  
Elizabeth V. Steman, Senior Statistical Clerk  
Ruth Gees, Statistical Clerk  
Marian Kramer, Statistical Clerk  
George F. Richardson, Tabulating Equipment Operator  
Concetta M. Battaglia, Senior Stenographer  
Jeannette W. Meehan, Senior Draftsman  
Myrtle Baker, Key Punch Operator  
Helen Boesche, Key Punch Operator  
Anna Greengold, Key Punch Operator  
Gloria James, Key Punch Operator  
Alice L. Jones, Key Punch Operator  
Ida M. Padgett, Key Punch Operator  
Wade Moragne El, Jr., Messenger



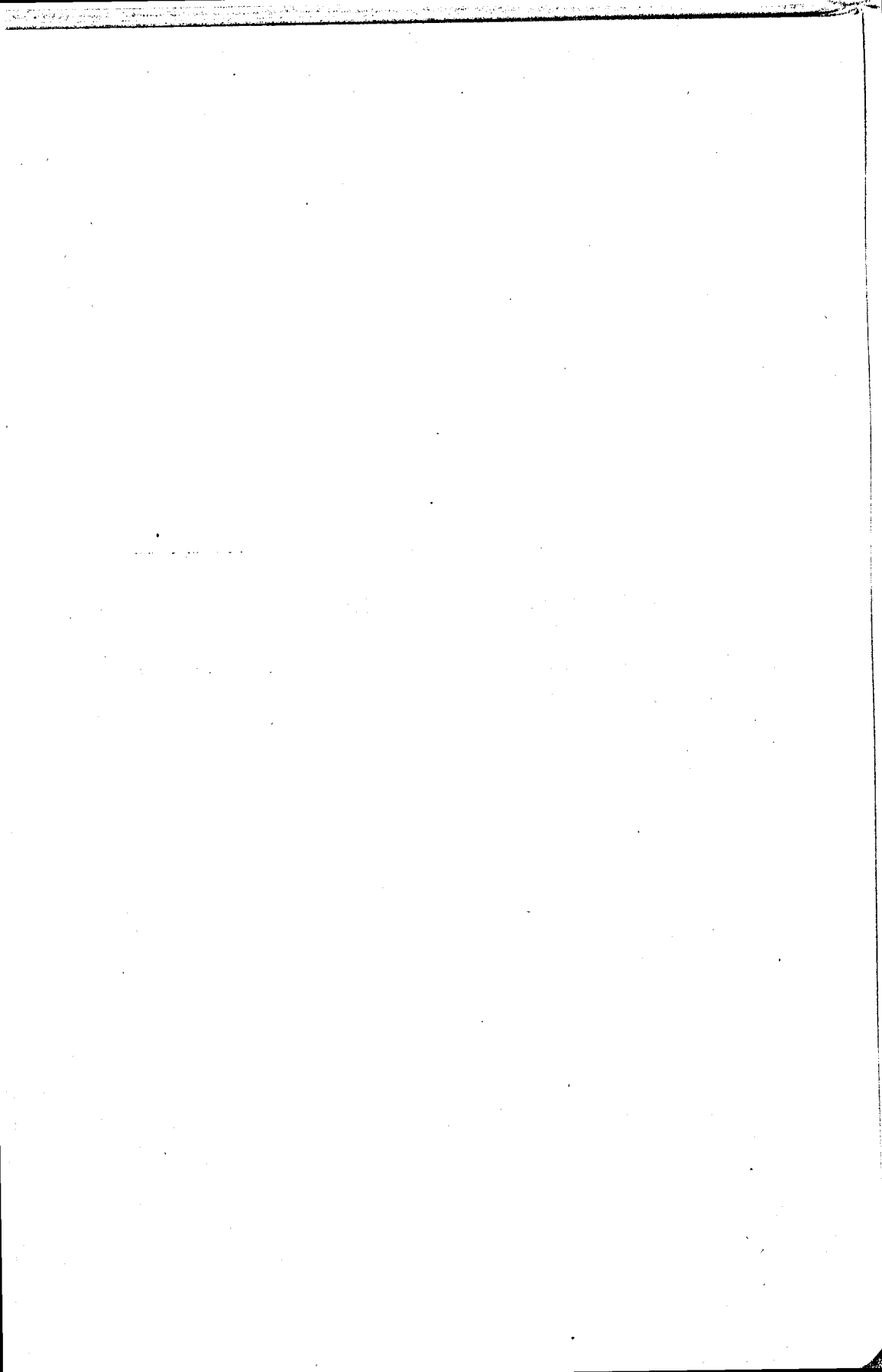
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**BUREAU OF VITAL RECORDS**

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## BUREAU OF VITAL RECORDS

Isadore Seeman, M.P.H.

*Director*

An unprecedented number of birth certificates was filed during 1947, exceeding the previous high record of 1946. A total of 31,215 births in Baltimore was reported, as compared with 27,412 registered in 1946. With the close cooperation maintained by the birth registration unit and the hospitals, physicians and midwives, a high standard of accuracy, neatness and promptness in registration was achieved. Parents were given an opportunity to verify the important items on the certificate by reviewing the abstract which the public health nurse presents at the time of the neonatal home visit. A large proportion of these abstracts was returned indicating that no corrections were required. The traditional *Notification of Birth Registration* was furnished to the parent on assurance that the birth certificate was correct. The number of death certificates registered during 1947 was 11,502, as compared with the 1946 registration of 11,195 certificates.

Information was received regarding 180 births occurring in the city which were believed to have been unreported. Parents originated 76 such requests, 46 came from public health nurses, 38 were noted upon failure to find the birth record for a Baltimore-born child who died in the city under six years old, and 20 were received from other sources. A search revealed that many of these records were already on file in the City Health Department or the Maryland State Department of Health. Investigation resulted in the receipt of 130 additional records from the attendant at birth and the filing of 8 records over the signature of the Commissioner of Health for unattended births or births attended by a physician who had died without registering the birth.

### *Division of Archives*

For the tenth consecutive year the number of transcripts of death certificates issued rose above the number for the previous year, reaching a new peak. In 1947 the total number of death transcripts issued was 28,781 as compared with 26,808 in 1946. A slight decline in the number of birth transcripts requested was noted, with 11,204 copies in 1947 and 14,757 in 1946. The accompanying table shows the trend in requests for copies of vital records over the past ten years.



NUMBER OF BIRTH AND DEATH TRANSCRIPTS ISSUED  
BALTIMORE, 1938-1947

YEAR	TOTAL TRANSCRIPTS	BIRTH TRANSCRIPTS	DEATH TRANSCRIPTS
1947.....	39,985	11,204	28,781
1946.....	41,505	14,757	26,808
1945.....	46,258	20,361	25,897
1944.....	48,251	24,575	23,676
1943.....	60,177	37,899	22,278
1942.....	71,502	52,572	18,930
1941.....	35,703	18,392	17,311
1940.....	28,183	11,028	17,155
1939.....	18,245	2,545	15,700
1938.....	16,458	1,982	14,476

Official agencies continued to request verification of vital records directly without requiring the registrant to furnish a transcript. The bureau issued 2,654 birth verifications in 1947 as compared with 2,650 in 1946; there were 207 death verifications in 1947 and 319 in 1946. Individuals requiring proof of birth without the need for a complete transcript were issued 6,176 statement of age records.

Requests for 1,443 records, chiefly for births more than forty years ago, were made, when the certificate could not be found on file. In 256 cases satisfactory evidence was submitted enabling the recording of a delayed certificate of birth. In 1946 there were 286 such delayed records filed. Additions and corrections to existing records also required the reviewing of documentary evidence, and 3,149 interviews for amendments and delayed registrations were held.

Following the adoption of a child born in Baltimore, a new certificate of birth is prepared to replace the original record which is placed in a sealed file. In 1947 records for 525 adopted children were replaced, as compared with 419 replacements in 1946. A corrected birth certificate was prepared following legitimation of 155 children in 1947 as compared with 138 replacements in 1946.

#### *Division of the Morgue and Public Cemetery*

The morgue received 1,674 bodies during 1947, 15 of which were buried in the public cemetery. The Anatomical Board received 935 bodies. The activities of the Morgue and Public Cemetery are shown in Table No. 1.

#### Personnel

Isadore Seeman, M.P.H., Director  
Irving J. Hurwitz, Junior Administrative Officer  
Ida S. Blum, Principal Clerk  
James G. McLaughlin, Principal Clerk

Mary A. Hohrein, Senior Clerk  
A. Walter Just, Senior Clerk  
Rosalie Krause, Senior Clerk  
Josephine A. Roemer, Senior Clerk  
Etta Whitney, Senior Clerk  
Linda D. Whitney, Senior Clerk  
Ellen Harberts, Junior Stenographer  
Ruth C. Krebs, Junior Stenographer  
Frieda Meizlish, Junior Stenographer  
Mary Regina Gill, Junior Clerk  
Anna Leonard, Junior Clerk  
Irene M. Fradin, Junior Typist  
Rona Goldstein, Junior Typist  
Sadie Ingrilli, Junior Typist  
Mollie Rubin, Junior Typist  
John P. Boyle, Chauffeur  
James M. Carter, Chauffeur  
Clarence L. Disney, Park Caretaker

TABLE NO. 1  
ACTIVITIES OF DIVISION OF THE MORGUE AND PUBLIC CEMETERY—1947

	TOTAL	WHITE		COLORED	
		Male	Female	Male	Female
BODIES DELIVERED TO ANATOMICAL BOARD					
All bodies.....	935*	295	184	288	150
Stillbirths.....	482*	134	105	144	81
Under 1 year.....	325	104	73	93	55
Other children.....	..	..	..	..	..
Adults.....	128	57	6	51	14
BODIES BURIED IN PUBLIC CEMETERY					
All bodies.....	15	14	..	..	1
Stillbirths.....	..	..	..	..	..
Under 1 year.....	..	..	..	..	..
Other children.....	..	..	..	..	..
Adults.....	15	14	..	..	1
BODIES RECEIVED AT MORGUE					
All bodies.....	1,674†	754	217	459	239
Stillbirths.....	65†	14	15	16	15
Under 1 year.....	101	23	16	33	29
Other children.....	67	22	11	19	15
Adults.....	1,441	695	175	391	180

\* Includes 2 white and 6 colored stillbirths, sex undetermined; 7 male stillbirths, color undetermined  
3 stillbirths, sex and color undetermined.

† Includes 3 colored stillbirths, sex undetermined; 2 stillbirths, sex and color undetermined.

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## **VITAL STATISTICS TABLES**

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## VITAL STATISTICS TABLES

1947

- TABLE NO. 1. ESTIMATED POPULATIONS AND RECORDED DEATH RATES; TOTAL, WHITE, COLORED, BALTIMORE—1930-1947.
- TABLE NO. 2. MARRIAGES, RECORDED AND RESIDENT BIRTHS AND DEATHS BY RACE AND CORRESPONDING RATES PER 1,000 POPULATION—1934-1947.
- TABLE NO. 3. MONTHLY DISTRIBUTION OF RESIDENT LIVE BIRTHS AND STILLBIRTHS CLASSIFIED ACCORDING TO COLOR AND SEX—1947.
- TABLE NO. 4. RECORDED AND RESIDENT LIVE BIRTHS AND STILLBIRTHS CLASSIFIED ACCORDING TO ATTENDANCE, HOSPITALIZATION, TERM AND PLURALITY—1947.
- TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1947.
- TABLE NO. 6. RECORDED AND RESIDENT DEATHS IN INSTITUTIONS BY COLOR—1947.
- TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AND MONTH OF DEATH—1947.
- TABLE NO. 8. RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1947.
- TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1947.
- TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1947.
- TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1937-1947.
- TABLE NO. 12. RESIDENT AND RECORDED DEATHS UNDER ONE MONTH OF AGE, DEATHS UNDER ONE YEAR OF AGE, AND MATERNAL DEATHS WITH CORRESPONDING DEATH RATES—1937-1947.
- TABLE NO. 13. CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1947.
- TABLE NO. 14. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED POPULATION—1931-1947.

TABLE NO. 1  
ESTIMATED POPULATIONS AND RECORDED DEATH RATES;  
TOTAL, WHITE, COLORED, BALTIMORE—1930-1947

YEAR	ESTIMATED POPULATION AS OF JULY 1			DEATH RATES PER 1,000 POPULATION		
	Total	White	Colored	Total	White	Colored
1947.....	947,000	753,000	194,000	12.15	11.77	13.59
1946.....	930,000	748,000	182,000	12.04	11.54	14.08
1945.....	930,000	748,000	182,000	12.55	12.05	14.61
1944.....	937,000	756,000	181,000	12.71	12.02	15.56
1943.....	930,000	748,000	182,000	13.90	13.23	16.67
1942.....	936,000	754,400	181,600	12.61	11.90	15.57
1941.....	866,000	698,000	168,000	13.40	12.46	17.32
1940.....	860,456	693,268	167,188	13.43	12.67	16.60
1939.....	855,033	690,318	164,715	12.72	12.13	15.21
1938.....	849,610	687,348	162,262	13.05	12.38	15.91
1937.....	844,187	684,361	159,826	13.97	13.09	17.72
1936.....	838,764	681,356	157,408	13.73	12.64	18.45
1935.....	833,341	678,332	155,009	13.38	12.31	18.04
1934.....	827,918	675,291	152,627	13.43	12.46	17.68
1933.....	822,495	672,232	150,263	13.13	12.26	17.00
1932.....	817,072	669,155	147,917	13.19	12.04	18.35
1931.....	811,649	666,059	145,590	14.20	12.91	20.07
1930.....	806,226	662,946	143,280	13.94	12.70	19.65

For corresponding figures from 1890 to 1929, see Annual Report of 1939, page 263.

TABLE NO. 2  
MARRIAGES, RECORDED AND RESIDENT BIRTHS AND DEATHS BY RACE AND  
CORRESPONDING RATES PER 1,000 POPULATION—1934-1947

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
MARRIAGES RECORDED						
1947	17,718	13,495	4,223	18.7	17.9	21.8
1946	21,445	16,340	5,105	23.1	21.8	28.0
1945	16,206	12,308	3,898	17.4	16.5	21.4
1944	15,818	11,542	4,276	16.9	15.3	23.6
1943	17,171	12,383	4,788	18.5	16.6	26.3
1942	19,595	15,167	4,428	20.9	20.1	24.4
1941	15,966	12,256	3,710	18.4	17.6	22.1
1940	11,305	8,658	2,647	13.1	12.5	15.8
1939	8,501	6,569	1,932	9.9	9.5	11.7
1938	8,521	6,578	1,943	10.0	9.6	12.0
1937	8,849	6,763	2,086	10.5	9.9	13.0
1936	8,134	6,208	1,926	9.7	9.1	12.2
1935	7,254	5,695	1,559	8.7	8.4	10.0
1934	7,235	5,494	1,741	8.7	8.1	11.4
BIRTHS						
RESIDENT						
1947	23,992	17,799	6,193	25.3	23.6	31.9
1946	21,111	15,805	5,306	22.7	21.1	29.1
1945	17,848	13,308	4,540	19.2	17.8	24.9
1944	18,830	14,021	4,809	20.1	18.5	26.6
1943	21,054	16,077	4,977	22.6	21.5	27.3
1942	19,720	15,076	4,644	21.2	20.1	25.6
1941	15,995	11,886	4,109	18.5	17.0	24.4
1940	13,712	10,105	3,607	15.9	14.6	21.6
1939	12,525	9,211	3,314	14.6	13.3	20.1
1938	13,208	9,892	3,316	15.5	14.4	20.4
1937	12,516	9,370	3,146	14.8	13.7	19.7
1936	11,801	8,956	2,845	14.1	13.1	18.1
1935	12,332	9,363	2,969	14.8	13.8	19.2
1934	12,201	9,196	3,005	14.7	13.6	19.7
RECORDED						
1947	31,215	24,536	6,679	33.0	32.6	34.4
1946	27,412	21,649	5,763	29.5	28.9	31.7
1945	22,936	18,025	4,911	24.7	24.1	27.0
1944	23,696	18,627	5,069	25.3	24.6	28.0
1943	25,934	20,649	5,285	27.9	27.6	29.0
1942	24,144	19,224	4,920	25.8	25.5	27.1
1941	19,406	14,992	4,414	22.4	21.5	26.3
1940	16,478	12,582	3,896	19.3	18.1	23.3
1939	14,887	11,350	3,537	17.4	16.4	21.5
1938	15,275	11,763	3,512	18.0	17.1	21.6
1937	14,272	10,921	3,351	16.9	16.0	21.0
1936	13,277	10,272	3,005	15.8	15.1	19.1
1935	13,641	10,521	3,120	16.4	15.5	20.1
1934	13,453	10,308	3,145	16.2	15.3	20.6



TABLE NO. 2—Continued  
MARRIAGES, RECORDED AND RESIDENT BIRTHS AND DEATHS BY RACE AND  
CORRESPONDING RATES PER 1,000 POPULATION—1934-1947

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
DEATHS						
RESIDENT						
1947.....	11,011	8,232	2,779	11.6	10.9	14.3
1946.....	10,798	8,061	2,737	11.6	10.8	15.0
1945.....	11,358	8,481	2,877	12.2	11.3	15.8
1944.....	11,544	8,552	2,992	12.3	11.3	16.5
1943.....	12,530	9,315	3,215	13.5	12.5	17.7
1942.....	11,347	8,397	2,950	12.1	11.1	16.2
1941.....	11,160	8,132	3,028	12.9	11.7	18.0
1940.....	11,096	8,243	2,853	12.9	11.9	17.1
1939.....	10,388	7,907	2,479	12.1	11.4	15.0
1938.....	10,618	8,034	2,584	12.5	11.7	15.9
1937.....	11,244	8,415	2,829	13.3	12.3	17.7
1936.....	11,058	8,134	2,924	13.2	11.9	18.6
1935.....	10,707	7,917	2,790	12.8	11.7	18.0
1934.....	10,764	8,049	2,715	13.0	11.9	17.8
RECORDED						
1947.....	11,502	8,865	2,637	12.1	11.8	13.6
1946.....	11,195	8,633	2,562	12.0	11.5	14.1
1945.....	11,674	9,015	2,659	12.5	12.1	14.6
1944.....	11,907	9,090	2,817	12.7	12.0	15.6
1943.....	12,929	9,895	3,034	13.9	13.2	16.7
1942.....	11,803	8,976	2,827	12.6	11.9	15.5
1941.....	11,609	8,700	2,909	13.4	12.7	17.3
1940.....	11,557	8,782	2,775	13.4	12.7	16.6
1939.....	10,879	8,374	2,505	12.7	12.1	15.2
1938.....	11,091	8,509	2,582	13.0	12.4	15.9
1937.....	11,790	8,958	2,832	14.0	13.1	17.7
1936.....	11,516	8,612	2,904	13.7	12.6	18.4
1935.....	11,149	8,352	2,797	13.4	12.3	18.0
1934.....	11,116	8,417	2,699	13.4	12.5	17.7

TABLE NO. 3  
MONTHLY DISTRIBUTION OF RESIDENT LIVE BIRTHS AND STILLBIRTHS  
CLASSIFIED ACCORDING TO COLOR AND SEX—1947

MONTH	LIVE BIRTH							STILLBIRTHS						
	TOTAL	WHITE			COLORED*			TOTAL**	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female		Male	Female	Unknown	Male	Female	Unknown
Total.....	23,992	17,799	9,028	8,771	6,193	3,220	2,973	680	203	169	7	175	109	9
January.....	2,262	1,734	882	852	528	290	248	59	16	14	1	16	11	..
February.....	2,041	1,539	789	750	502	260	242	60	18	14	1	21	4	2
March.....	2,161	1,649	836	813	512	271	241	72	26	14	..	18	13	..
April.....	1,885	1,413	717	696	472	261	211	44	11	13	..	12	6	1
May.....	2,012	1,500	763	737	512	266	246	53	17	16	..	13	6	..
June.....	2,045	1,505	756	749	540	266	274	60	20	18	..	14	7	1
July.....	1,889	1,436	747	689	453	218	235	60	18	17	1	17	5	2
August.....	1,939	1,404	718	686	535	289	246	70	22	16	2	16	12	2
September....	1,997	1,454	744	710	543	283	260	38	10	8	1	11	8	..
October.....	1,985	1,440	732	708	545	289	256	57	21	11	..	13	10	1
November.....	1,854	1,359	677	682	495	259	236	48	10	13	..	12	11	..
December.....	1,922	1,366	667	699	556	278	278	59	14	13	1	12	16	..

\* Included in colored live births are: Chinese: 9 male, 4 female.  
Japanese: 4 male, 7 female.  
Hawaiian: 1 female.  
Porto Rican: 1 female.  
American Indian: 1 male  
No data: 1 female.

\*\* Included in stillbirth totals are 8 sex or color unknown

TABLE NO. 4  
RECORDED AND RESIDENT LIVE BIRTHS AND STILLBIRTHS CLASSIFIED  
ACCORDING TO ATTENDANCE, HOSPITALIZATION, TERM AND PLURALITY—1947

PLACE OF BIRTH, ATTENDANCE, TERM AND PLURALITY	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
<b>Live Births</b>						
Total.....	31,215	24,536	6,679	23,992	17,799	6,193
Physician.....	30,544	24,366	6,178	23,316	17,630	5,686
Home.....	3,162	1,457	1,705	3,168	1,457	1,711
Hospital.....	27,382	22,909	4,473	20,148	16,173	3,975
Midwife.....	662	167	495	668	167	501
Other.....	9	3	6	8	2	6
Born in hospital.....	27,382	22,909	4,473	20,148	16,173	3,975
40 weeks or more.....	24,447	20,495	3,952	18,004	14,491	3,513
36-39 weeks.....	1,761	1,490	271	1,256	1,020	236
28-35 weeks.....	590	431	159	457	310	147
Less than 28 weeks.....	84	64	20	66	51	15
Unspecified.....	500	429	71	365	301	64
Born at home.....	3,833	1,627	2,206	3,844	1,626	2,218
40 weeks or more.....	3,173	1,434	1,739	3,197	1,439	1,758
36-39 weeks.....	352	93	259	347	91	256
28-35 weeks.....	112	24	88	106	22	84
Less than 28 weeks.....	29	15	14	29	15	14
Unspecified.....	167	61	106	165	59	106
<b>Stillbirths</b>						
Total.....	807	487	320	680	379	301
Physician.....	740	466	274	616	361	255
Home.....	163	58	105	160	54	106
Hospital.....	577	408	169	456	307	149
Midwife.....	8	..	8	8	..	8
Medical examiner.....	59	21	38	56	18	38
<b>PLURAL BIRTHS</b>						
Sets of twins.....	347	250	97	269	181	88
Both born alive.....	312	233	79	239	168	71
One born alive, 1 stillborn.....	20	10	10	17	7	10
Both stillborn.....	15	7	8	13	6	7
Sets of triplets						
All born alive.....	3	2	1	1	..	1



TABLE NO. 6  
RECORDED AND RESIDENT DEATHS IN INSTITUTIONS  
BY COLOR—1947

INSTITUTION	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
Total deaths.....	11,502	8,865	2,637	11,011	8,232	2,779
Deaths in hospitals and institutions.....	6,503	4,951	1,552	5,915	4,239	1,676
Baltimore City Hospitals*.....	879	527	352	778	451	327
Sydenham Hospital.....	38	27	11	30	20	10
Other Baltimore hospitals.....	4,910	3,759	1,151	3,724	2,696	1,028
Hospitals in Maryland counties.....	..	..	..	19	18	1
Hospitals in other states.....	..	..	..	45	35	10
Tuberculosis hospitals*.....	..	..	..	195	75	120
Mental hospitals.....	13	13	..	323	237	86
Federal hospitals.....	157	134	23	260	188	72
Other institutions.....	506	491	15	541	519	22
Deaths at home.....	4,999	3,914	1,085	5,096	3,993	1,103

\* Deaths in the tuberculosis division of the Baltimore City Hospitals are allocated to the Baltimore City Hospitals.

TABLE NO. 7  
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH  
ACCORDING TO AGE AND MONTH OF DEATH—1947

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER 1 YEAR	AGE GROUPS						MONTH OF DEATH											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
	All Causes	T W C	785 507 278	225 161 64	234 141 93	93 62 31	98 62 34	67 40 27	70 41 29	75 50 25	98 70 26	86 54 32	72 45 27	59 39 20	43 29 14	47 34 13	60 27 33	57 35 22	72 46 29	60 41 19	53 37 21
6	Meningococcus meningitis	W C	3 1	..	..	..	..	2 1	1 ..	1 ..	1 ..	1 ..	1 ..	..	..	..	..	..	2 ..	..	..
9	Whooping cough	W C	3 2	..	..	..	1 ..	1 2	1 ..	1 ..	..	..	..	2 ..	..	..	1 ..	..	..	1 ..	..
13	Tuberculosis of the respiratory system	C	6	..	..	..	..	2	4	..	1	1	1	1	1	1	1	1	1	..	..
14	Tuberculosis of the meninges	C	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
24a	Septicemia	W C	1 1	..	..	..	..	1 ..	1 ..	..	..	..	..	..	..	..	1 1	..	..	..	..
27a	Dysentery, bacillary	W	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..
30f	Syphilis, congenital	W C	2 6	1	3	..	1 1	1 1	1 ..	1 ..	1 1	1 1	1 ..	..	..	1 ..	..	..	1 1	1 1	1
32a	Weil's disease	C	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
33	Influenza	W C	3 2	..	..	..	..	1 1	2 1	..	1 ..	1 ..	..	..	..	1 ..	..	..	1 ..	1 ..	..
46f	Cancer of the liver and biliary passages	W	1	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..
55a	Cancer of the adrenal gland	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
55e	Cancer of other and unspecified organs	W	2	..	..	..	1	..	1	..	..	..	..	..	..	..	1	..	1	..	..
56d	Nonmalignant tumors of the brain and other parts of the central nervous system	W	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
64	Diseases of the thymus gland	W C	6 5	1 ..	.. 1	2 1	2 2	1 1	.. 1	.. 1	.. 1	1 1	1 1	1 ..	1 ..	.. 1	1 1	1 1	1 1	1 ..	1 1
73d	Other and unspecified anemias (except splenic)	C	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
80b	Encephalitis, nonepidemic	C	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
84a	Mental deficiency	W	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
87e	Other diseases of the nervous system	W	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
100b	Diseases of the vein, other than varices	W	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
104	Diseases of the nasal fossae and accessory sinuses	W C	4 2	..	..	1	1	2 1	.. 1	2 ..	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1 ..
106a	Bronchitis, acute	W C	3 4	..	..	..	2 1	1 2	1 ..	.. 1	.. 1	1 ..	1 ..	..	..	..	1 ..	..	1 ..	1 2	1 2
106c	Bronchitis, unspecified	W	4	..	..	..	1	2	1	2	1	2	1	..	..	..	..	..	..	..	..
107	Bronchopneumonia	W C	22 24	1 1	1 1	4 3	6 7	2 5	8 7	5 2	2 4	5 4	2 4	3 4	1 2	..	..	4 3	1 1	2 1	2 1
108	Lobar pneumonia	W C	8 6	..	..	2 1	3 1	3 1	2 1	3 1	2 1	2 1	1 ..	..	..	1 1	..	1 1	1 ..	..	..

[illegible]

TABLE NO. 7—Continued  
 RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH  
 ACCORDING TO AGE AND MONTH OF DEATH—1947

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER 1 YEAR	AGE GROUPS						MONTH OF DEATH											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
161c	Other specified diseases peculiar to the first year of life	W	18	6	2	1	3	..	..	4	1	1	1	..	1	2	..	1	..	2	2
		C	6	1	3	1	..	..	1	1	2	1	1	..	..	..	..	..	..	..	..
168	Homicide	W	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
		C	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
180	Conflagration	C	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..
182	Accidental mechanical suffocation	W	8	..	..	3	3	2	..	1	2	1	3	..	..	..	..	..	..	..	1
		C	6	..	1	1	4	..	..	2	1	..	..	1	..	..	1	1	..	..	..
186a	Accidental injury by fall	C	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
195d	Obstruction, suffocation, or puncture by ingested objects	W	3	..	..	..	2	1	..	..	..	..	1	..	..	..	..	..	..	1	1
		C	5	..	..	..	2	2	1	..	..	1	..	..	..	1	..	..	1	2	..



TABLE NO. 8  
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1947

INTERNATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																									
		Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Yrs. and Over	Age Not Specified			
	All Causes	11,011	W	8,232	M	4,483	287	14	6	5	6	17	9	30	38	42	77	105	165	251	381	501	531	563	495	442	295	219	2	1
			C	2,779	M	1,500	173	14	6	7	3	12	8	28	41	48	68	88	117	172	187	136	125	110	76	35	22	24	31	1
					F	1,279	105	11	3	4	8	12	31	66	48	64	61	99	114	141	120	93	103	77	50	33	31	1	1	
I	Infectious and parasitic diseases	984	W	430	M	300	9	1	1	1	3	4	4	7	12	21	31	28	38	39	36	29	18	13	6	...	...	...	...	...
			C	554	M	331	15	3	2	2	1	2	11	20	21	24	28	41	47	50	24	18	17	2	1	7	2	...	...	...
					F	223	5	4	1	1	3	8	23	41	23	30	15	20	15	8	13	2	5	5	1	...	...	...	...	...
6	Meningococcus meningitis	6	W	5	M	5	3	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Whooping cough	10	W	6	M	4	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	4	M	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	Diphtheria	5	W	4	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12	Tetanus	2	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13-22	Tuberculosis, all forms	718	W	310	M	221	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	408	M	233	4	2	2	1	...	1	2	11	18	19	22	22	20	29	33	14	9	12	1	1	1	...	...	...

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TABLE NO. 8—Continued  
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1947

INTERNATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																							
		Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Yrs. and Over	Age Not Specified	
72a	Primary purpura	3	W	3 M F	2 1																							
73a	Pernicious anemia	9	W	8 M F	7 1																							
73d	Other and unspecified anemias	7	W	2 M F	1 1																							
74a	Leukemia	34	W	28 M F	16 12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	
75b	Splenomegaly (of undetermined nature)	2	W	1 F	1																							
75c	Other diseases of the spleen	1	W	1 M	1																							
76b	Erythrocytosis	1	W	1 F	1																							
76d	Other diseases of the blood and blood-forming organs	1	W	1 F	1																							
V	Chronic poisoning and intoxication	25	W	17 M	17	1																						
		C	8 M	8	2																							

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**TABLE NO. 8--Continued**  
**RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE--1947**

[illegible]

[illegible]



[illegible]



**TABLE NO. 8--Continued**  
**RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE--1947**

[illegible]

[illegible]



[illegible]

TABLE NO. 8--Continued

[illegible]

[illegible]

**TABLE NO. 8—Continued**  
**PRESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1947**

[illegible]

[illegible]





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TABLE NO. 8—Continued  
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1947

INTERNATIONAL List No.	CAUSE OF DEATH	TOTALS			AGE GROUPS																								
		Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Yrs. and Over	Age Not Specified		
161a	Asphyxia (cause not specified), atelectasis	66	W	28 M F	18 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F	10 M F
161b	Infection of the umbilicus; pemphigus and other infections (non-syphilitic)	2	W	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F
161c	Other specified diseases peculiar to the first year of life	24	W	18 M F	10 M F	8 M F	8 M F	4 M F	4 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F	2 M F
XVI	Senility	13	W	9 M F	6 M F	3 M F	3 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F
162a	Senility, with mention of senile dementia	3	W	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F
162b	Senility, without mention of senile dementia	10	W	6 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F	3 M F
XVII	Violent or accidental deaths	753	W	544 M F	352 M F	61 M F	1 M F	1 M F	5 M F	9 M F	3 M F	12 M F	18 M F	19 M F	20 M F	27 M F	27 M F	28 M F	32 M F	26 M F	27 M F	26 M F	16 M F	21 M F	12 M F	15 M F	15 M F	15 M F	15 M F
			C	209 M F	161 M F	10 M F	2 M F	1 M F	1 M F	2 M F	2 M F	14 M F	18 M F	19 M F	18 M F	18 M F	19 M F	19 M F	10 M F	5 M F	5 M F	3 M F	4 M F	1 M F	1 M F	1 M F	1 M F	1 M F	1 M F

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[illegible]

TABLE NO. 8--Continued  
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE--1947

[illegible]

[illegible]

**NOTE.**—Deaths by color, include the following non-Negro race:  
Tuberculosis of the respiratory system—1 male Chinese, 45 years of age; 1 male Chinese, 60 years of age.  
Epilepsia (nonepidemic)—1 female Chinese, 5 months of age.  
Chronic myocarditis and myocardial degeneration (not specified as rheumatic)—1 male Chinese, 63 years of age.  
Cirrhosis of the liver (without mention of alcoholism)—1 male Chinese, 68 years of age.  
Suicide by firearms and explosives—1 male Chinese, 35 years of age.



TABLE NO. 9  
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION  
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1947

CAUSE OF DEATH	RECORDED						RESIDENT					
	NUMBER			RATE PER 100,000 POPULATION*			NUMBER			RATE PER 100,000 POPULATION*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
ALL CAUSES.....	11,502	8,865	2,637	12.1	11.8	13.6	11,011	8,232	2,779	11.6	10.9	14.3
Typhoid fever (1).....	3	2	1	0.3	0.3	0.5	..	..	..	..	..	..
Scarlet fever (8).....	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (9).....	11	7	4	1.2	0.9	2.1	10	6	4	1.1	0.8	2.1
Diphtheria (10).....	6	5	1	0.6	0.7	0.5	5	4	1	0.5	0.5	0.5
Erysipelas (11).....	..	..	..	..	..	..	..	..	..	..	..	..
Tetanus (12).....	6	3	3	0.6	0.4	1.5	2	1	1	0.2	0.1	0.5
Tuberculosis, all forms (13-22)...	465	210	255	49.1	27.9	131.4	718	310	408	75.8	41.2	210.3
<i>Pulmonary tuberculosis (13)...</i>	<i>423</i>	<i>191</i>	<i>232</i>	<i>44.7</i>	<i>25.4</i>	<i>119.6</i>	<i>676</i>	<i>294</i>	<i>382</i>	<i>71.4</i>	<i>39.0</i>	<i>196.9</i>
Gonococcus infection (25).....	2	..	2	0.2	..	1.0	1	..	1	0.1	..	0.5
Dysentery (27).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Malaria (28).....	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis (30).....	145	62	83	15.3	8.2	42.8	183	64	119	19.3	8.5	61.3
Influenza (33).....	31	15	16	3.3	2.0	8.2	30	15	15	3.2	2.0	7.7
Smallpox (34).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (35).....	..	..	..	..	..	..	..	..	..	..	..	..
Typhus fever (39a, b).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Rocky Mountain spotted fever (39c).....	3	3	..	0.3	0.4	..	2	2	..	0.2	0.3	..
Other infectious diseases.....	45	39	6	4.7	5.2	3.1	31	26	5	3.3	3.5	2.6
<i>Meningococcus meningitis (6)...</i>	<i>10</i>	<i>9</i>	<i>1</i>	<i>1.1</i>	<i>1.2</i>	<i>0.5</i>	<i>6</i>	<i>5</i>	<i>1</i>	<i>0.6</i>	<i>0.7</i>	<i>0.5</i>
<i>Acute poliomyelitis (36).....</i>	<i>6</i>	<i>6</i>	..	<i>0.6</i>	<i>0.8</i>	..	<i>4</i>	<i>4</i>	..	<i>0.4</i>	<i>0.5</i>	..
<i>Epidemic encephalitis (37).....</i>	<i>1</i>	<i>1</i>	..	<i>0.1</i>	<i>0.1</i>	..	<i>2</i>	<i>2</i>	..	<i>0.2</i>	<i>0.3</i>	..
Cancer (45-55).....	1,683	1,421	262	177.7	188.7	135.1	1,486	1,237	249	156.9	164.3	128.3
Non-malignant tumors (56, 57).....	50	41	9	5.3	5.4	4.6	40	28	12	4.2	3.7	6.2
Acute rheumatic fever (58).....	24	13	11	2.5	1.7	5.7	21	10	11	2.2	1.3	5.7
Chronic rheumatism, gout (59, 60).....	10	9	1	1.1	1.2	0.5	10	9	1	1.1	1.2	0.5
Diabetes (61).....	339	300	39	35.8	39.8	20.1	309	269	40	32.6	35.7	20.6
Alcoholism, acute and chronic (77).....	19	14	5	2.0	1.9	2.6	22	16	6	2.3	2.1	3.1
Avitaminosis, other general diseases and chronic poisonings (62-77, 78, 79).....	125	96	29	13.2	12.7	14.9	101	75	26	10.7	10.0	13.4
Simple meningitis and spinal cord diseases (81, 82).....	39	24	15	4.1	3.2	7.7	32	20	12	3.4	2.7	6.2
Intracranial lesions of vascular origin (83).....	792	607	185	83.6	80.6	95.4	797	608	189	84.2	80.7	97.4
Other diseases of the nervous system and sense organs (80, 84-89).....	57	47	10	6.0	6.2	5.1	60	49	11	6.3	6.5	5.7

\* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 9—Continued  
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION  
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1947

CAUSE OF DEATH	RECORDED						RESIDENT					
	NUMBER			RATE PER 100,000 POPULATION*			NUMBER			RATE PER 100,000 POPULATION*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Diseases of the heart (90-95)....	3,805	3,171	634	401.8	421.1	326.8	3,744	3,103	641	395.3	412.1	330.4
Other diseases of the circulatory system (96-103).....	182	156	26	19.2	20.7	13.4	192	155	37	20.3	20.6	19.1
Arteriosclerosis (96).....	122	108	14	12.9	14.3	7.2	139	114	25	14.7	15.1	12.9
Bronchitis (108).....	45	35	10	4.7	4.6	5.1	35	26	9	3.7	3.5	4.6
Pneumonia, all forms (107-109).....	378	233	145	39.9	30.9	74.7	387	227	140	38.7	30.1	72.2
Bronchopneumonia (107).....	196	132	64	20.7	17.5	33.0	195	133	62	20.6	17.7	31.9
Lobar pneumonia (108).....	186	87	79	17.5	11.5	40.7	157	81	76	16.6	10.7	39.2
Other respiratory diseases (ex- cept tuberculosis) (104-105, 110-114).....	87	60	27	9.2	8.0	13.9	85	57	28	9.0	7.6	14.4
Diarrhea and enteritis (119, 120).....	62	47	15	6.5	6.2	7.7	47	33	14	5.0	4.4	7.2
Diarrhea and enteritis under 2 years of age (119).....	54	41	13	5.7	5.4	6.7	40	28	12	4.2	3.7	6.2
Appendicitis (121).....	25	19	6	2.6	2.5	3.1	24	18	6	2.5	2.4	3.1
Hernia, intestinal obstruction (122).....	82	65	17	8.7	8.6	8.8	63	48	15	6.7	6.4	7.7
Cirrhosis of the liver (124).....	146	122	24	15.4	16.2	12.4	126	102	24	13.3	13.5	12.4
Other diseases of the liver and biliary passages (125-127).....	75	61	14	7.9	8.1	7.2	61	48	13	6.4	6.4	6.7
Other digestive diseases (115- 118, 123, 128, 129).....	118	94	24	12.5	12.5	12.4	98	79	19	10.3	10.5	9.8
Nephritis, all forms (130-132)....	811	536	275	85.6	71.2	141.7	819	539	280	86.5	71.6	144.3
Other diseases of the urinary and genital systems (133-139).....	99	78	21	10.5	10.3	10.8	81	65	16	8.5	8.6	8.2
Puerperal causes (140-150).....	31	14	17	1.0	0.6	2.5	26	10	16	1.1	0.6	2.6
Puerperal septicemia (140, 142a, 147).....	15	6	7	0.4	0.2	1.0	12	5	7	0.5	0.3	1.1
Puerperal toxemias (141a, c, 144, 145).....	6	3	3	0.2	0.1	0.4	4	2	2	0.2	0.1	0.3
Diseases of the skin and bones (151-156).....	26	21	5	2.7	2.8	2.6	16	11	5	1.7	1.5	2.6
Congenital malformations (157).....	234	203	31	24.7	26.9	16.0	134	109	25	14.1	14.5	12.9
Diseases of early infancy (158- 161).....	598	407	191	63.1	54.1	98.5	459	294	165	48.5	39.0	85.1
Senility (162).....	10	6	4	1.1	0.8	2.1	13	9	4	1.4	1.2	2.1
Suicides (163, 164).....	131	125	6	13.8	16.6	3.1	119	112	7	12.6	14.9	3.6
Homicides (165-168).....	109	25	84	11.5	3.3	43.3	98	21	77	10.3	2.8	39.7
Violent and accidental deaths (169-198).....	588	466	122	62.1	61.9	62.9	536	411	125	56.6	54.6	64.4
Homicide accidents.....	259	214	45	27.3	23.4	23.2	236	192	44	24.9	25.5	22.7
Occupational accidents.....	65	58	17	5.8	6.0	8.3	46	33	13	4.9	4.4	6.7
Automobile accidents (170).....	145	119	26	15.3	15.8	19.4	133	92	41	13.0	12.2	18.0
Other public accidents.....	126	94	31	13.2	12.5	16.0	130	94	36	13.7	12.5	18.5
Other violent deaths (199-198).....	4	1	3	0.4	0.1	1.5	1	..	1	0.1	..	0.5
Cause not known or ill-defined (199, 200).....	3	1	2	0.3	0.1	1.0	6	4	2	0.6	0.5	1.0

\* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 10  
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE  
BALTIMORE—1947

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
		White	Col'd	BALTIMORE		COUNTIES OF MARYLAND		OTHER STATES		COUNTIES OF MARYLAND		OTHER STATES		White	Col'd
				White	Col'd	White	Col'd	White	Col'd	White	Col'd				
1	ALL CAUSES*	8,865	2,637	7,492	2,470	1,015	141	358	26	614	290	126	29	8,232	2,779
6	I—INFECTIOUS AND PARASITIC DISEASES														
1	Typhoid fever.....	2	1	5	1	1	1	1	1	1	1	1	1	5	1
9	Meningococcus meningitis.....	9	1	6	4	4	1	1	1	1	1	1	1	6	4
10	Whooping cough.....	7	4	6	4	1	1	1	1	1	1	1	1	6	4
12	Diphtheria.....	5	1	4	1	1	1	1	1	1	1	1	1	4	1
13	Tetanus.....	3	3	4	1	1	2	3	1	1	154	10	3	1	1
13	Tuberculosis of the respiratory system.....	191	232	172	225	16	6	3	1	112	154	10	3	294	382
14	Tuberculosis of the meninges and central nervous system.....														
15	Tuberculosis of the intestines and peritoneum.....	11	9	8	9	3					1			8	10
16	Tuberculosis of the vertebral column.....	2	5	2	5						1			2	5
17	Tuberculosis of the bones and joints (except vertebral column).....	1	1	1	1					1	1			2	2
19	Tuberculosis of the lymphatic system.....														
20	Tuberculosis of the genito-urinary system.....	4	2	2	1	1		1		1	1			1	1
21b	Tuberculosis of other organs.....	1	1	1	1									1	1
22a	Acute (generalised) military tuberculosis.....	1	1	1	1									1	1
22b	Other and unspecified generalized tuberculosis.....	2	2	2	2										
24a	Septicæmia (nonpuerperal).....	2	1	1	1	1								1	1
24c	Gas bacillus gangrene.....	1	1	1	1									1	1
25	Gonococcus infection.....	1	2	1	1										
26a	Tularemia.....		1	1											
27a	Bacillary dysentery.....	1	1	1	1									1	
30a	Locomotor ataxia (tabes dorsalis).....	4	1	4	1									4	
30b	General paralysis of the insane.....	1	3	1	1		2			3	32	2	2	4	35
30c	Other syphilis of the central nervous system.....	8	6	5	6		3			4	4	6	6	9	38
30d	Aneurysm of the aorta.....	23	34	24	33		3		1	1	1			25	38
30e	Other syphilis of the circulatory system.....	8	19	8	19		3		1	1	1			9	19
30f	Congenital syphilis.....	5	8	3	7		1							3	7
30g	Other and unspecified forms of syphilis.....	8	13	7	13		1			3	3			10	16
32a	Well's disease.....	1	2	1	2				1					2	
33a	Influenza with respiratory complications specified.....	9	10	9	10									9	10
33b	Influenza without respiratory complications specified.....	6	6	5	5		1			1				6	5
36	Acute poliomyelitis and acute polioencephalitis.....	6	6	3	3		3			2		1	1	6	4
37b	Sequelæ of encephalitis lethargica.....														
37c	Encephalitis lethargica, unqualified.....	1	1		1			1						2	1
38a	Chickenpox.....														
39b	Endemic typhus fever.....	1	1	1	1									1	1

\* There were no deaths from causes not listed in this table.





750	Other diseases of the spleen.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
760	Erythrocytosis.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
76b	Other diseases of the blood and blood-forming organs.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
76d	V—CHRONIC POISONING AND INTOXICATION.....	8	3	7	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	
770	Acute alcoholism.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	
77d	Chronic alcoholism.....	6	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	
77e	Other and unspecified alcoholism.....	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
77f	Lead poisoning, not specified as occupational.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	
78b	VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....	523	171	471	166	41	4	11	1	45	6	7	1	323	173	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
80a	Encephalitis (non-epidemic).....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
80b	Intracranial abscess.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
81a	Other encephalitis, nonepidemic.....	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
81b	Meningitis (not due to meningococcus).....	7	8	3	5	4	3	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	
81c	Simple meningitis.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
82	Acute cerebrospinal meningitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
83a	Diseases of the spinal cord (except locomotor ataxia and disseminated sclerosis).....	17	6	14	6	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	
83b	Cerebral hemorrhage or effusion (excluding birth injury).....	523	171	471	166	41	4	11	1	45	6	7	1	323	173	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	
83b	Cerebral embolism and thrombosis.....	65	6	63	8	2	..	..	..	4	..	..	..	68	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
83c	Cerebral softening.....	12	5	12	5	2	..	..	..	..	..	..	..	12	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
83d	Hemiplegia and other paralysis of unspecified origin.....	14	5	12	5	2	..	..	..	..	..	..	..	12	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
84a	Mental deficiency.....	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
84b	Schizophrenia (dementia praecox).....	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
84b	Epilepsy.....	7	1	6	1	1	..	..	..	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
85	Convulsions (under 5 years of age).....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
86	Neuritis (except rheumatic or alcoholic).....	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
87b	Neuritis (except rheumatic or alcoholic).....	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
87c	Paralysis agitans (except result of encephalitis).....	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
87d	Disseminated sclerosis.....	7	..	7	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
87e	Other diseases of the nervous system.....	11	3	10	3	1	1	..	..	4	..	..	..	14	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	
87e	Otitis and other diseases of the ear.....	3	1	3	1	1	..	..	..	1	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	
88a	Diseases of the mastoid process.....	2	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
89b	VII—DISEASES OF THE CIRCULATORY SYSTEM.....	4	2	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	
90b	Pericarditis, except acute and chronic rheumatic pericarditis.....	4	2	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	
91a	Acute endocarditis (except rheumatic).....	4	3	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	
91b	Bacterial endocarditis.....	4	3	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	
91c	Other acute or subacute endocarditis.....	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
91c	Other endocarditis.....	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
92a	Chronic affections of the valves and endocardium.....	21	12	17	11	3	..	..	..	..	..	..	..	20	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	
92a	Diseases of the aortic valve.....	69	22	64	22	5	..	..	..	3	2	..	..	67	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	67	
92b	Diseases of the mitral valve.....	21	12	17	11	3	..	..	..	..	..	..	..	20	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	
92c	Diseases of other and unspecified valves and chronic endocarditis, specified as rheumatic.....	14	3	14	3	..	..	..	..	..	..	..	..	16	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	
92d	Diseases of other and unspecified valves and chronic endocarditis, not specified as rheumatic.....	54	24	53	24	..	..	..	..	5	..	..	..	53	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	53	
92e	Endocarditis (not specified as acute, chronic or rheumatic, 45 years of age and over).....	6	5	6	5	..	..	..	..	..	..	..	..	6	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	
93a	Diseases of the myocardium.....	6	13	6	13	..	..	..	..	..	..	..	..	7	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	
93a	Acute myocarditis (except rheumatic).....	36	8	31	8	..	..	..	..	..	..	..	..	34	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34	
93d	Chronic myocarditis (rheumatic).....	1,899	410	1,714	397	4	..	..	..	2	..	..	..	1,819	408	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,819	
93d	Chronic myocarditis (non-rheumatic).....	72	30	68	30	3	..	..	..	99	9	6	2	1,819	408	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,819	
93e	Other myocarditis.....	72	30	68	30	3	..	..	..	1	..	..	..	70	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	70	

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE  
BALTIMORE—1947

CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS		
	White	Col'd	BALTIMORE		COUNTIES OF MARYLAND		OTHER STATES		COUNTIES OF MARYLAND		OTHER STATES		White	Col'd	
			White	Col'd	White	Col'd	White	Col'd	White	Col'd					
VII.—DISEASES OF THE CIRCULATORY SYSTEM— <i>Cont'd.</i>															
Diseases of the coronary arteries.....	904	68	816	65	66	3	22	..	..	38	6	29	5	893	76
Angina pectoris.....	6	..	6	..	..	..	..	..	..	..	..	1	..	7	..
Other diseases of the heart.....	2	2	2	2	..	..	..	..	..	..	..	..	..	2	2
Functional diseases of the heart.....	34	6	28	6	5	1	1	1	1	7	..	2	..	30	6
Other diseases of the heart (rheumatic).....	70	23	64	21	5	1	1	1	1	..	..	4	..	75	21
Aneurysm (except of the heart (non-rheumatic)).....	10	1	6	1	2	1	2	..	..	12	12	1	..	6	1
Aneurysm (except of the heart and aorta).....	108	14	102	13	4	1	2	..	..	1	1	..	..	114	25
Arteriosclerosis.....	3	3	2	3	4	1	2	..	..	1	4	..	..	4	2
Arteriooclerosis.....	14	2	11	2	3	1	..	..	..	3	3	..	..	14	2
Gangrene.....	1	..	..	..	1	..	..	..	..	1	1	..	..	1	..
Other diseases of the arteries.....	10	2	9	2	..	..	1	..	..	1	..	..	..	9	2
Varices.....	2	1	1	1	..	..	1	..	..	1	..	..	..	1	..
Other diseases of the veins.....	7	3	5	3	1	..	1	..	..	..	..	..	..	5	3
Diseases of the lymphatic system.....	7	3	5	3	1	..	1	..	..	..	..	..	..	5	3
High blood pressure (idiopathic).....	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..
Other diseases of the circulatory system.....	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..
VIII.—DISEASES OF THE RESPIRATORY SYSTEM															
Diseases of the nasal fossae.....	5	2	4	2	1	..	..	..	..	..	..	..	..	4	2
Diseases of the accessory sinuses.....	1	1	1	1	1	..	..	..	..	..	..	..	..	1	..
Diseases of the larynx.....	2	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Bronchitis.....	7	5	4	5	3	..	2	..	..	..	..	..	..	4	5
Acute.....	21	3	16	3	3	..	..	..	..	..	1	..	..	16	4
Chronic.....	7	2	6	1	2	3	1	1	1	13	..	3	1	6	5
Unspecified.....	132	64	117	61	14	3	3	2	2	..	..	..	..	133	62
Bronchopneumonia.....	87	79	68	74	16	3	3	2	2	1	2	1	..	81	76
Lobar pneumonia.....	14	2	12	2	2	..	..	..	..	1	..	..	..	13	2
Pneumonia, unspecified.....	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..
Pleurisy (not specified as tuberculous).....	1	1	1	1	..	..	..	..	..	3	..	..	..	4	1
Empyema.....	6	1	4	1	1	..	..	..	..	..	..	..	..	4	1
Other and unspecified forms of pleurisy.....	9	9	8	1	1	..	..	..	..	2	..	..	..	4	1
Hemorrhagic infarction and thrombosis of the lung.....	5	10	5	10	..	..	..	..	..	2	1	..	..	10	1
Acute edema of the lungs.....	11	2	10	2	1	1	..	..	..	1	..	..	..	5	10
Chronic and unspecified congestion of the lung.....	13	2	12	2	1	1	..	..	..	1	1	1	..	11	3
Asthma.....	13	2	12	2	1	1	..	..	..	..	..	..	..	13	2
Pulmonary emphysema.....	4	6	3	6	1	..	..	..	..	..	..	..	..	3	6
Abscess of lung.....	2	1	2	1	..	..	..	..	..	..	..	..	..	2	1
Other and unspecified diseases of the respiratory system.....	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..

IX.—DISEASES OF THE DIGESTIVE SYSTEM									
155b	Septic sore throat.....	2	3	2	2	1	1	..	..
156	Diseases of the pharynx and tonsils.....	4	3	2	2	1	1	..	..
156c	Diseases of other and unspecified parts of the buccal cavity and adnexa.....	1	1	..	..	..	..	..	..
157a	Diseases of the esophagus.....	3	3	..	..	..	..	..	..
157b	Ulcer of stomach.....	34	10	25	9	8	1	1	1
157c	Ulcer of duodenum.....	18	2	16	2	2	2	3	3
158	Other diseases of the stomach.....	41	13	29	12	11	1	2	28
159	Diarrhea and enteritis (under 2 years of age).....	3	2	3	2	2	..	..	3
160a	Diarrhea and enteritis (2 years of age and over).....	3	2	1	..	..	..	..	3
160b	Ulceration of the intestines (2 years of age and over).....	19	6	18	6	1	1	..	2
161	Appendicitis.....	31	4	23	4	7	1	..	1
162a	Hernia.....	34	13	23	11	9	1	2	24
162b	Intestinal obstruction.....	17	1	14	1	2	1	..	14
163	Other diseases of the intestines.....	27	5	21	5	3	..	..	22
164a	Cirrhosis of the liver.....	95	19	76	19	12	..	..	80
164b	With mention of alcoholism.....	5	8	8	8	1	..	..	5
165	Without mention of alcoholism.....	9	8	8	8	1	..	..	8
165a	Acute yellow atrophy of the liver.....	24	6	16	5	7	1	1	17
165b	Other diseases of the liver.....	14	..	12	..	2	..	..	12
166	Biliary calculi.....	9	6	6	1	1	1	..	6
167a	Cholecystitis (without mention of biliary calculus).....	10	2	9	1	1	1	..	9
167b	Other diseases of the gallbladder and biliary ducts.....	3	1	2	..	1	1	..	3
168	Diseases of the pancreas.....	10	2	9	1	1	1	..	9
169	Peritonitis (cause not stated).....	10	5	7	5	3	..	..	9
X.—DISEASES OF THE GENITO-URINARY SYSTEM									
130	Acute nephritis.....	440	218	412	215	21	3	..	459
131a	Chronic nephritis.....	77	43	58	43	16	3	7	65
131b	Arterio-sclerotic kidney.....	9	5	9	9	3	1	..	45
132	Nephritis, unspecified (10 years of age and over).....	17	2	12	2	3	..	..	6
132a	Pyelitis, pyelonephritis and pyelocystitis.....	7	3	6	3	..	..	..	12
132b	Other diseases of the kidneys and ureters.....	10	3	9	3	..	..	..	7
133a	Calculi of the kidneys and ureters.....	1	1	1	..	..	..	..	9
133b	Calculi of the bladder.....	1	1	1	..	..	..	..	9
133c	Cystitis.....	2	2	2	..	..	..	..	2
133d	Other diseases of the bladder.....	35	8	30	5	4	3	1	31
133e	Hypertrophy of the prostate.....	2	6	1	5	1	1	..	1
133f	Diseases of the female genital organs.....	1	1	1	1	1	..	..	1
133g	Ovaries, fallopian tubes and parametria.....	2	..	..	..	..	..	..	1
133h	Uterus.....	2	..	..	..	..	..	..	1
133i	Other and unspecified female genital organs.....	2	..	..	..	..	..	..	1
XI.—DISEASES OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM									
140b	Abortion (spontaneous, therapeutic or of unspecified origin) with mention of other infection.....	3	4	3	4	..	..	..	3
140c	Self-induced abortion with mention of infection.....	..	1	..	1	..	..	..	..
141a	Abortion (spontaneous, therapeutic, or of unspecified origin) with mention of hemorrhage, trauma or shock (but not toxemia).....	1	..	1	..	..	..	..	1
142b	Ectopic gestation without mention of infection.....	1	2	1	2	1	..	..	2
143b	Premature separation of placenta.....	1	1	..	..	..	..	..	1



TABLE NO. 10—Continued  
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE  
BALTIMORE—1947

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF				BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
				BALTIMORE		COUNTIES OF MARYLAND		OTHER STATES		COUNTIES OF MARYLAND		OTHER STATES	
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	XI—DISEASES OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM—Cont'd.												
144a	Eclampsia of pregnancy.....	1	1	1	1	1	1	..	..	..	..	1	1
146b	Premature separation of placenta (with childbirth).....	1	1	..	..	..	..	..	..	..	..	..	..
146c	Other and unspecified hemorrhages of childbirth and the puerperium.....	..	1	..	1	..	..	..	..	..	..	..	1
147a	Infection during childbirth and the puerperium.....	..	1	..	1	..	..	..	..	..	..	..	1
147b	Puerperal pyelitis and pyelonephritis.....	1	1	..	1	..	..	..	..	..	..	..	1
147d	General or local puerperal infection (except pyelitis) Puerperal embolism and sudden death.....	2	1	2	1	..	..	..	..	..	..	2	1
148a	Puerperal albuminuria and nephritis.....	..	1	1	1	..	..	..	..	..	..	1	1
148b	Puerperal eclampsia.....	2	1	1	1	..	..	..	..	..	..	..	1
149a	Other accidents and specified conditions of childbirth Laceration, rupture, or other trauma of pelvic organs and tissue.....	..	1	..	1	..	..	..	..	..	..	..	1
149b	Other specified conditions of childbirth.....	..	1	..	1	..	..	..	..	..	..	..	1
150c	Other and unspecified conditions of childbirth and the puerperium.....	3	..	2	..	1	..	..	..	..	..	2	..
151	XII—DISEASES OF THE SKIN AND CELLULAR TISSUE												
153	Carbuncle and furuncle.....	11	3	5	3	2	..	4	..	..	..	5	3
	Other diseases of the skin and cellular tissue.....	..	..	..	..	..	..	..	..	..	..	..	..
154b	XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT												
155	Osteomyelitis and periostitis, chronic or unspecified.....	3	1	3	1	..	..	..	..	..	..	3	1
156a	Other diseases of the bones (except tuberculosis).....	1	..	1	..	1	..	..	..	..	..	1	..
156b	Diseases of the joints (except tuberculosis and rheu- matism).....	1	..	2	..	1	..	2	..	..	..	2	..
	Diseases of other and unspecified organs of movement	5	..	..	..	..	..	..	..	..	..	..	..
157a	XIV—CONGENITAL MALFORMATIONS												
157b	Congenital hydrocephalus.....	24	3	15	3	4	..	5	..	..	..	15	3
157c	Spina bifida and meningocele.....	7	1	5	1	2	..	..	..	..	..	5	1
157d	Anencephalus.....	7	..	6	..	1	..	..	..	..	..	6	..
	Other congenital malformations of the central nerv- ous system.....	7	2	6	2	..	..	1	..	..	..	6	2
157e	Congenital malformations of the heart.....	109	18	49	13	12	5	48	..	..	..	51	13
157f	Other congenital malformations of the cardiovascular system.....	1	..	16	6	12	..	1	..	..	..	16	6
157g	Congenital malformations of the digestive system.....	35	6	..	..	..	..	7	..	..	..	..	..

[illegible]



TABLE NO. 11  
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR  
TOTAL, WHITE AND COLORED POPULATIONS—1937-1947

YEAR	TYPHOID FEVER						MEASLES						SCARLET FEVER					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
RESIDENT																		
1947.....	1	1	..	0.1	0.1	..	6	4	2	0.6	0.5	1.1	1	1	..	0.1	0.1	..
1946.....	1	1	..	0.1	0.1	..	10	3	7	1.1	0.4	3.9	1	1	..	0.1	0.1	..
1945.....	1	1	1	0.1	0.1	0.5	1	1	..	0.1	0.1	0.1	1	1	..	0.1	0.1	..
1944.....	1	1	..	0.1	0.1	..	1	1	1	0.1	0.1	0.5	..	..	..	..	..	..
1943.....	1	1	..	0.1	0.1	..	2	2	1	0.3	0.3	0.6	..	..	..	..	..	..
1942.....	3	1	2	0.3	0.1	1.2	3	2	1	1.0	1.0	1.2	2	1	1	0.2	0.1	0.6
1941.....	1	1	1	0.1	0.1	0.6	9	7	2	1.0	1.0	1.2	1	1	..	0.1	0.1	..
1940.....	1	1	1	0.1	0.1	0.7	18	16	9	3.0	2.3	5.6	3	3	1	0.4	0.4	..
1939.....	1	1	3	0.9	0.7	1.8	25	..	..	..	..	..	4	..	..	0.5	0.4	0.6
1938.....	8	5	3	0.8	0.6	1.9	..	..	..	..	..	..	..	..	..	..	..	..
1937.....	7	4	3	0.8	0.6	1.9	..	..	..	..	..	..	..	..	..	..	..	..
RECORDED																		
1947.....	3	1	1	0.3	0.3	0.5	8	6	2	0.9	0.8	1.1	1	1	..	0.1	0.1	..
1946.....	1	1	..	0.1	0.1	..	12	5	7	1.3	0.7	3.9	1	1	..	0.1	0.1	..
1945.....	2	2	1	0.2	0.3	0.5	3	3	..	0.3	0.4	0.5	1	1	..	0.1	0.1	..
1944.....	1	1	..	0.1	0.1	..	6	4	2	0.7	0.5	1.2	1	1	..	0.1	0.1	..
1943.....	2	2	..	0.2	0.2	..	10	8	2	1.2	1.2	1.2	2	2	1	0.2	0.1	0.6
1942.....	6	4	2	0.7	0.6	1.2	23	18	10	3.3	2.6	6.2	4	3	1	0.5	0.4	0.6
1941.....	2	2	1	0.3	0.3	0.6	..	..	..	..	..	..	..	..	..	..	..	..
1940.....	2	2	3	0.3	0.3	1.8	..	..	..	..	..	..	..	..	..	..	..	..
1939.....	5	3	2	1.5	1.2	3.1	..	..	..	..	..	..	..	..	..	..	..	..
1938.....	13	8	5	1.6	1.2	1.9	..	..	..	..	..	..	..	..	..	..	..	..
1937.....	10	7	3	1.2	1.0	1.9	..	..	..	..	..	..	..	..	..	..	..	..
WHOOPING COUGH																		
RESIDENT																		
1947.....	10	6	4	1.1	0.8	2.1	5	4	1	0.5	0.5	0.5	30	15	15	3.2	2.0	7.7
1946.....	2	1	1	0.2	0.1	0.5	19	18	1	2.0	2.4	0.5	40	20	20	4.3	2.7	11.0
1945.....	12	5	7	1.3	0.7	2.8	13	17	2	2.0	2.3	1.1	37	23	14	4.0	3.1	7.7
1944.....	11	6	5	1.3	0.8	2.8	13	13	..	1.4	1.7	..	65	32	33	6.9	4.2	18.2
1943.....	10	6	4	1.1	0.8	2.2	3	2	1	0.3	0.3	0.5	102	72	30	11.0	9.5	16.5
1942.....	9	4	5	1.0	0.5	2.7	2	2	1	0.3	0.3	0.5	60	34	26	6.4	4.5	14.3
1941.....	30	2	27	3.5	0.4	15.1	2	2	1	0.1	0.1	0.5	67	38	29	7.7	5.4	17.3
1940.....	24	11	13	2.8	1.6	7.8	1	1	..	0.1	0.1	..	56	41	15	6.5	5.9	9.0
1939.....	9	4	5	1.0	0.6	3.0	3	3	..	0.4	0.4	..	63	37	26	7.4	5.4	15.8
1938.....	19	7	12	2.2	1.0	7.4	3	3	..	0.4	0.4	..	53	37	16	6.2	5.4	9.9
1937.....	35	17	18	4.1	2.5	11.3	7	5	2	0.8	0.7	1.2	104	68	36	12.3	9.9	22.5

INTUENZA

DIPHTHERIA

TABLE NO. 11—Continued

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1937-1947

YEAR	WHOOPING COUGH—Cont'd						DIPHTHERIA—Cont'd						INFLUENZA—Cont'd					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
RECORDED																		
1947.....	11	7	4	1.3	0.9	2.1	6	5	1	0.6	0.7	0.5	31	15	16	3.3	2.0	8.2
1948.....	2	1	1	0.2	0.1	0.5	27	25	2	2.9	3.5	0.5	43	23	20	4.6	3.1	11.0
1949.....	18	8	10	1.9	1.1	5.5	25	22	3	2.7	2.9	1.6	43	28	15	4.6	3.7	8.2
1945.....	16	8	8	1.7	1.1	4.4	13	13	0	1.4	1.7	0.5	67	33	34	7.1	4.4	18.5
1946.....	15	10	5	1.6	1.3	2.7	7	6	1	0.8	0.8	0.5	106	76	30	11.4	10.2	18.5
1947.....	24	5	6	1.2	0.7	3.3	2	1	1	0.2	0.1	0.5	62	35	27	6.6	4.6	14.9
1948.....	31	7	27	3.9	1.0	16.1	2	1	1	0.6	0.4	1.2	72	41	31	8.3	5.9	18.4
1949.....	20	17	13	3.5	2.4	7.8	3	2	1	1.0	1.3	0.6	58	40	18	6.7	6.2	9.0
1945.....	21	5	12	1.3	0.7	5.6	8	6	2	1.0	1.3	0.3	69	43	29	8.1	5.8	17.6
1946.....	21	9	12	2.3	1.3	7.4	8	5	3	0.7	0.7	0.6	57	39	18	6.7	5.7	11.3
1947.....	42	24	18	5.0	3.5	11.3	11	9	2	1.3	1.3	1.2	112	75	34	13.3	11.4	21.3
CANCER																		
RENDERED																		
1947.....	718	310	408	75.8	41.2	210.3	676	294	382	71.4	39.0	198.9	1,486	1,237	249	155.9	164.3	128.3
1948.....	747	349	398	80.3	46.7	218.7	707	340	367	76.0	45.5	201.6	1,448	1,212	236	155.7	162.0	129.7
1949.....	773	349	424	83.1	46.7	233.0	714	326	388	78.6	43.6	215.2	1,400	1,179	221	140.5	157.6	124.4
1945.....	801	367	434	85.5	48.5	239.8	737	347	390	78.7	45.9	213.5	1,380	1,156	224	147.3	152.9	123.7
1946.....	805	402	403	86.6	53.7	221.4	755	357	398	81.2	51.7	202.2	1,353	1,189	204	149.8	159.0	112.1
1947.....	810	374	436	86.5	49.6	240.1	749	354	395	80.0	46.9	217.5	1,257	1,071	186	134.3	142.0	102.4
1948.....	811	355	456	83.7	50.9	271.4	760	330	431	87.8	48.6	250.6	1,298	1,163	206	158.0	166.5	127.6
1949.....	816	393	423	84.0	56.7	253.0	769	378	391	80.4	54.5	233.9	1,294	1,081	213	150.4	155.9	127.4
1945.....	873	336	537	78.7	48.7	204.6	631	316	315	73.8	45.8	191.2	1,237	1,060	177	144.7	153.6	107.4
1946.....	871	379	492	83.7	53.1	204.6	638	339	309	78.6	52.2	190.4	1,217	1,054	163	143.3	133.6	109.4
1947.....	801	459	342	102.0	66.0	235.9	810	427	383	95.0	62.4	239.6	1,205	1,034	171	142.7	131.1	107.0
RECORDED																		
1947.....	465	210	255	49.1	27.9	131.4	423	191	232	44.7	25.4	119.6	1,683	1,421	262	177.7	188.7	135.1
1948.....	471	229	242	50.6	30.6	133.0	427	216	211	45.9	28.9	115.9	1,646	1,402	244	177.1	187.4	134.1
1949.....	496	224	272	53.3	29.9	149.5	436	195	241	46.9	26.1	124.3	1,590	1,362	228	171.0	182.1	125.3
1945.....	531	264	267	56.7	34.9	147.5	462	227	235	49.3	31.3	132.4	1,560	1,324	236	166.5	175.1	130.4
1946.....	527	279	248	56.7	37.3	136.3	474	257	217	51.0	34.4	119.2	1,586	1,378	208	170.5	184.2	114.9
1947.....	527	279	248	56.7	37.3	136.3	474	257	217	51.0	34.4	119.2	1,586	1,378	208	170.5	184.2	114.9
1948.....	570	276	294	60.9	36.6	161.9	509	249	260	54.0	33.0	143.2	1,482	1,277	205	158.3	169.3	112.9
1949.....	547	247	300	63.2	35.4	178.6	520	260	260	56.6	33.0	154.8	1,593	1,370	223	183.9	196.3	135.2
1945.....	604	297	307	70.2	42.8	183.6	554	276	278	64.4	39.8	168.3	1,480	1,262	226	172.9	182.0	135.2
1946.....	561	267	294	65.6	38.6	178.5	542	244	268	59.9	35.3	162.7	1,400	1,207	193	163.7	174.8	117.4
1947.....	553	278	275	65.0	40.4	169.4	505	256	244	59.4	37.2	153.4	1,352	1,184	168	159.1	172.2	103.5
1948.....	578	335	343	80.3	48.9	214.6	620	304	316	73.4	44.4	197.7	1,376	1,182	194	163.0	172.7	121.4

[illegible]

TABLE NO. 12  
RESIDENT AND RECORDED DEATHS UNDER ONE MONTH OF AGE, DEATHS UNDER ONE YEAR OF AGE, AND MATERNAL DEATHS  
WITH CORRESPONDING DEATH RATES—1937-1947

YEAR	DEATHS UNDER ONE MONTH OF AGE						DEATHS UNDER ONE YEAR OF AGE						MATERNAL DEATHS					
	NUMBER			RATE PER 1,000 LIVE BIRTHS			NUMBER			RATE PER 1,000 LIVE BIRTHS			NUMBER			RATE PER 1,000 LIVE BIRTHS		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
RESIDENT																		
1947.....	552	364	188	23.0	20.5	30.3	785	507	278	32.7	28.5	44.9	26	10	16	1.1	0.6	2.6
1946.....	556	354	202	26.3	22.4	38.1	750	478	272	35.5	30.2	51.3	26	13	13	1.2	0.8	2.5
1945.....	439	290	149	24.6	21.8	32.8	708	436	272	39.7	32.8	59.9	27	17	10	1.5	1.3	2.2
1944.....	472	313	159	25.1	22.3	33.1	766	478	288	40.7	34.1	59.9	40	30	10	2.1	2.1	2.1
1943.....	553	388	165	26.3	24.1	33.2	973	619	354	46.2	38.5	71.1	34	17	17	1.6	1.1	3.4
1942.....	489	349	140	24.8	23.1	30.1	778	516	262	39.5	34.2	56.4	35	18	17	1.7	1.3	3.7
1941.....	422	271	151	26.4	22.8	36.7	794	451	343	49.6	37.9	83.5	36	21	15	2.3	1.8	3.6
1940.....	382	241	141	27.8	23.8	39.1	641	387	254	46.7	38.3	70.4	28	15	13	2.0	1.5	3.6
1939.....	300	194	106	24.0	21.1	32.0	511	302	209	40.8	32.8	63.1	45	28	17	3.6	3.0	5.1
1938.....	364	239	125	27.6	24.2	37.7	683	429	254	51.7	43.4	76.6	44	29	15	3.3	2.9	4.5
1937.....	348	223	125	27.8	23.8	39.7	664	393	271	53.1	41.9	86.1	42	28	14	3.4	3.0	4.4
RECORDED																		
1947.....	725	506	219	23.2	20.6	32.8	1,039	722	317	33.3	29.4	47.5	31	14	17	1.0	0.6	2.5
1946.....	733	505	228	26.7	23.3	39.6	990	684	306	36.1	31.6	53.1	34	20	14	1.2	0.9	2.4
1945.....	572	409	163	24.9	22.7	33.2	909	609	300	39.6	33.8	61.1	36	23	13	1.6	1.3	2.6
1944.....	607	434	173	25.6	23.3	34.1	963	653	310	40.6	35.1	61.1	48	34	14	2.0	1.8	2.8
1943.....	674	495	179	26.0	24.0	33.9	1,168	792	376	45.0	38.4	71.1	41	21	20	1.6	1.0	3.8
1942.....	635	468	167	26.1	24.1	33.9	981	677	304	40.6	35.2	61.8	50	28	22	2.1	1.5	4.5
1941.....	536	365	171	27.6	24.3	38.7	987	600	387	50.9	40.0	87.7	44	27	17	2.3	1.8	3.8
1940.....	477	319	158	28.9	25.4	40.6	785	507	278	47.6	40.3	71.4	41	25	16	2.5	2.0	4.1
1939.....	367	251	116	24.7	22.1	32.8	640	401	239	43.0	35.3	67.6	59	38	21	4.0	3.3	5.9
1938.....	431	296	135	28.2	25.2	38.4	815	535	280	53.4	45.5	79.7	56	36	20	3.6	3.1	5.7
1937.....	427	289	138	29.9	26.5	41.2	817	512	305	57.2	46.9	91.0	64	43	21	4.5	3.9	6.3

TABLE NO. 13  
CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1947

[illegible]



TABLE NO. 13—Continued

[illegible]

[illegible]

**\* Contracted outside continental United States.**

TABLE NO. 13—Continued  
CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1947

[illegible]

[illegible]

TABLE NO. 14

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN  
COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED  
POPULATION—1931-1947

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1947.....	11	6	5	1.2	0.8	2.6
	1946.....	10	7	3	1.1	0.9	1.6
	1945.....	11	6	5	1.2	0.8	2.7
	1944.....	15	11	4	1.6	1.5	2.2
	1943.....	20	19	1	2.2	2.5	0.5
	1942.....	31	24	7	3.3	3.2	3.9
	1941.....	35	21	14	4.0	3.0	8.3
	1940.....	23	15	8	2.7	2.2	4.8
	1939.....	24	14	10	2.8	2.0	6.1
	1938.....	51	35	16	6.0	5.1	9.9
	1937.....	68	40	28	8.0	5.8	17.5
	1936.....	49	32	17	5.8	4.7	10.8
	1935.....	69	53	11	8.3	8.6	7.1
	1934.....	81	53	23	9.8	8.6	15.1
	1933.....	53	46	7	6.4	6.8	4.6
	1932.....	85	64	21	10.4	9.6	14.2
	1931.....	107	75	32	13.2	11.3	22.0
MEASLES	1947.....	274	167	107	28.9	22.2	55.1
	1946.....	8,136	6,511	1,625	874.8	870.5	892.9
	1945.....	206	178	28	22.1	23.8	15.4
	1944.....	10,324	9,050	1,274	1,101.8	1,197.1	703.9
	1943.....	2,213	2,101	112	238.0	280.9	61.5
	1942.....	6,445	6,155	290	632.6	815.9	159.7
	1941.....	4,458	3,572	886	514.8	511.7	527.4
	1940.....	88	76	12	10.2	11.0	7.2
	1939.....	11,833	10,663	1,170	1,383.9	1,544.6	710.3
	1938.....	1,119	861	258	131.7	125.3	159.0
	1937.....	9,227	8,140	1,087	1,093.0	1,189.4	680.1
	1936.....	4,361	4,050	311	519.9	594.4	197.6
	1935.....	533	453	80	64.0	66.8	51.6
	1934.....	18,612	16,307	2,305	2,248.0	2,414.8	1,510.2
	1933.....	128	100	28	15.6	14.9	18.6
	1932.....	165	150	15	20.2	22.4	10.1
	1931.....	15,019	13,654	1,365	1,850.4	2,050.0	937.6
SCARLET FEVER	1947.....	446	384	62	47.1	51.0	31.9
	1946.....	606	733	73	86.7	98.0	40.1
	1945.....	2,202	2,068	134	236.8	276.5	73.6
	1944.....	2,297	2,182	115	245.1	288.6	63.5
	1943.....	1,432	1,360	72	154.0	181.8	39.6
	1942.....	826	724	102	88.2	96.0	56.2
	1941.....	857	689	168	99.0	98.7	100.0
	1940.....	571	459	112	66.4	66.2	67.0
	1939.....	598	477	121	69.9	69.1	73.5
	1938.....	1,092	954	138	128.5	138.8	85.0
	1937.....	810	737	73	96.0	107.7	45.7
	1936.....	1,046	979	67	124.7	143.7	42.6
	1935.....	1,699	1,595	104	203.9	235.1	67.1
	1934.....	1,358	1,258	100	164.0	186.3	65.5
	1933.....	2,075	1,948	127	252.3	289.8	84.5
	1932.....	2,094	2,011	83	256.3	300.5	56.1
	1931.....	1,245	1,171	74	153.4	175.8	50.8

TABLE NO. 14—Continued  
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN  
 COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED  
 POPULATION—1931-1947

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
WHOPING COUGH	1947.....	3,247	2,126	1,121	342.9	232.3	577.8
	1946.....	1,004	759	245	107.9	101.5	134.6
	1945.....	2,172	1,313	859	233.5	175.5	472.0
	1944.....	2,349	1,423	926	250.7	188.2	511.6
	1943.....	3,400	2,414	986	365.6	322.7	541.8
	1942.....	2,174	1,504	670	232.3	149.4	368.9
	1941.....	2,560	1,672	888	295.6	239.5	528.6
	1940.....	5,258	4,124	1,134	611.1	594.9	678.3
	1939.....	1,575	1,136	439	184.2	164.6	266.5
	1938.....	1,548	897	651	182.2	130.5	401.2
	1937.....	3,661	3,184	477	433.7	465.2	298.4
	1936.....	3,570	2,443	1,127	425.6	358.5	716.0
	1935.....	1,100	998	102	132.0	147.1	65.8
	1934.....	4,566	4,035	531	530.6	597.5	347.9
	1933.....	2,059	1,398	661	250.3	208.0	439.9
	1932.....	3,759	3,364	375	460.0	505.7	253.5
	1931.....	3,294	2,661	633	405.8	399.5	434.8
DIPHTHERIA	1947.....	142	108	34	15.0	14.3	17.5
	1946.....	424	385	39	45.6	51.5	21.4
	1945.....	353	310	43	38.0	41.4	23.6
	1944.....	226	188	38	24.1	24.9	21.0
	1943.....	106	90	16	11.4	12.0	8.8
	1942.....	74	62	12	7.9	8.2	6.6
	1941.....	47	36	11	5.4	5.2	6.5
	1940.....	49	37	12	5.7	5.3	7.2
	1939.....	67	61	6	7.8	8.8	3.6
	1938.....	125	103	22	3.7	15.0	13.6
	1937.....	257	198	59	30.4	23.9	36.9
	1936.....	146	118	28	17.4	17.3	17.8
	1935.....	119	100	19	14.3	14.7	12.2
	1934.....	108	91	17	13.0	13.5	11.1
	1933.....	137	122	15	16.6	18.1	10.0
	1932.....	254	196	58	31.1	29.3	39.2
	1931.....	416	318	98	51.2	47.7	67.3
PULMONARY TUBERCULOSIS	1947.....	1,491	844	647	157.4	112.1	333.5
	1946.....	1,468	867	601	157.8	115.9	330.2
	1945.....	1,872	1,216	656	201.3	162.6	360.4
	1944.....	1,870	1,076	794	199.6	142.3	438.7
	1943.....	1,901	1,043	858	204.4	139.4	471.4
	1942.....	1,631	865	766	174.3	114.7	421.8
	1941.....	1,642	885	957	212.7	128.5	569.6
	1940.....	1,474	755	719	171.3	108.9	430.0
	1939.....	1,430	678	752	167.2	98.2	456.5
	1938.....	1,613	875	738	169.8	127.3	454.8
	1937.....	1,755	1,012	743	207.9	147.9	464.9
	1936.....	1,497	862	635	178.5	126.5	403.4
	1935.....	1,708	982	726	205.0	144.8	468.4
	1934.....	1,372	811	561	165.7	120.1	367.6
	1933.....	1,375	880	495	167.2	130.9	329.4
	1932.....	1,187	720	467	145.3	107.6	315.7
	1931.....	1,391	903	488	171.4	135.6	335.2



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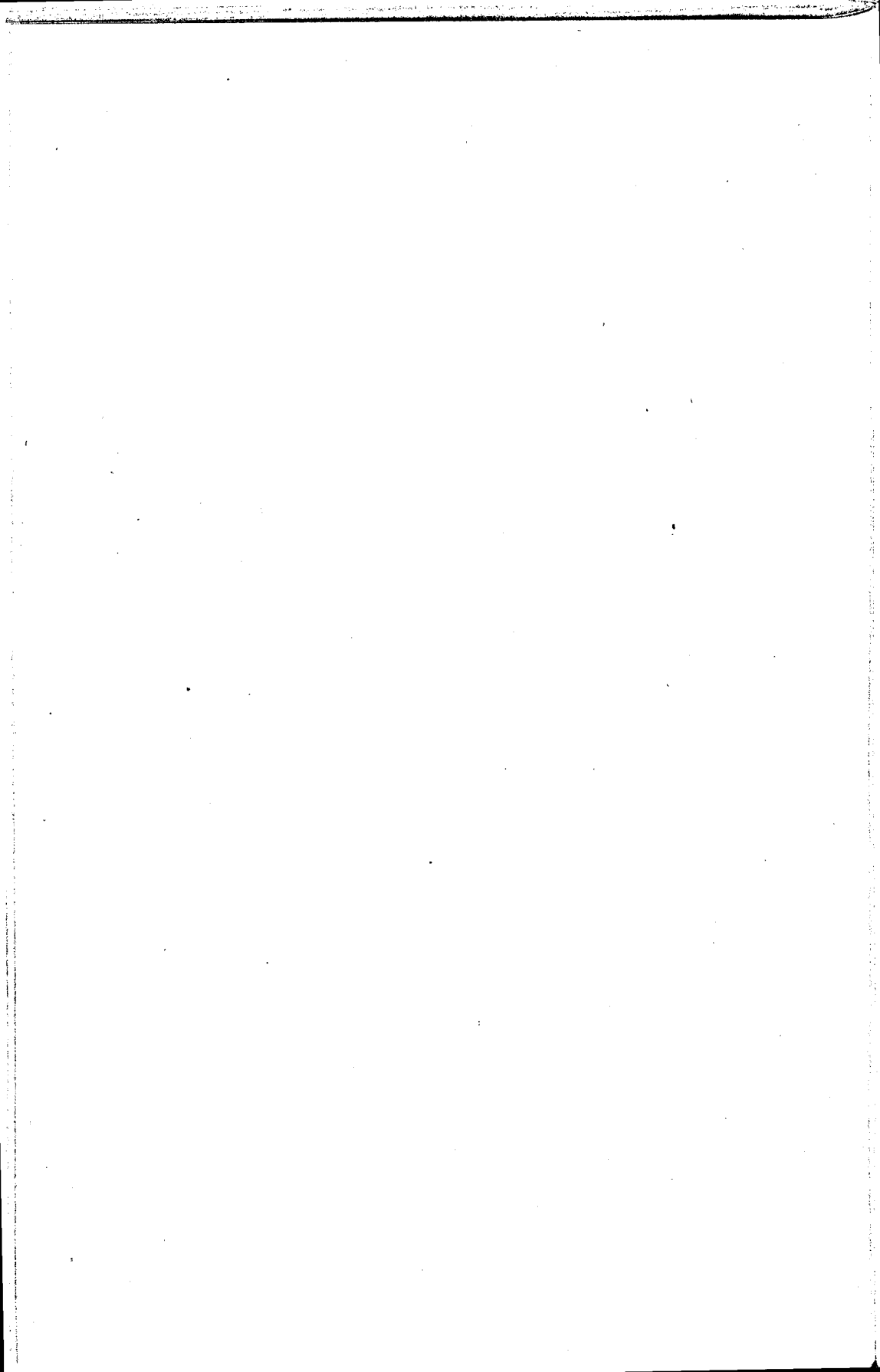
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## APPENDIX

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## ORDINANCE GOVERNING MECHANICAL GARBAGE GRINDERS

### City Ordinance No. 871

An ordinance to repeal and reordain, with amendments, Section 55 of Article 42 of the Baltimore City Code (1927 Edition), title "Sewers", sub-title "Damage or Obstruction of Sewers", authorizing the use of mechanical grinders and the discharge of the residue into the sewers, under certain conditions.

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That Section 55 of Article 42 of the Baltimore City Code (1927 Edition), title "Sewers", sub-title "Damage or Obstruction of Sewers", be and it is hereby repealed and reordained, with amendments, to read as follows:

55. No person, firm or corporation shall discharge into any sanitary sewer or storm water drain any solid waste material which may form deposits, or any liquids carrying such waste material in suspension, or any liquids of such nature as when mixed with sewage will precipitate material which will form deposits. Any liquids of the above-mentioned character shall first be treated by methods satisfactory to the Health Department, the Sewerage Engineer, or such other official as may have jurisdiction over the sewers or drains, so as to remove the solids held in suspension, or the substances which could be precipitated when mixed with sewage and the resulting effluent shall then be discharged into the sewer or drain that may be designated by the proper authorities.

Nothing contained in Sections 55 and 58 of this Article or in any ordinance shall be construed to prevent the use of mechanical garbage grinders producing a finely divided residue and the discharge thereof into the sewers, if properly flushed with an ample amount of water, provided said mechanical garbage grinder is approved by the Commissioner of Health and the Sewerage Engineer.

SECTION 2. *And be it further ordained*, That all ordinances or parts of ordinances inconsistent with the provisions of this ordinance are hereby repealed to the extent of such inconsistency.

SECTION 3. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved, May 16, 1947.

THEODORE R. MCKELDIN, *Mayor*.

## STATE LAW FOR MEDICAL CARE IN BALTIMORE CITY

### Chapter 714

An act to add a new section to Article 43 of the Annotated Code of Maryland (1939 Edition), title "Health", sub-title "Miscellaneous Provisions", said new section to be known as Section 44B, and to follow immediately after Section 44A of said Article, as said Section 44A was added by Chapter 91 of the Acts of 1945, relating to the administration of the program for medical care for indigent and medically indigent persons in Baltimore City.

**SECTION 1.** *Be it enacted by the General Assembly of Maryland, That a new section be and it is hereby added to Article 43 of the Annotated Code of Maryland (1939 Edition), title "Health", sub-title "Miscellaneous Provisions", said new section to be known as Section 44B, and to follow immediately after Section 44A of said Article, as said Section 44A was added by Chapter 91 of the Acts of 1945, and to read as follows:*

44B. Within the provisions of the Budget for the program of medical care, monies for the care of indigent or medically indigent persons in Baltimore City shall be transferred to the Mayor and City Council of Baltimore and the administration of the program in Baltimore City shall be administered, under the Commissioner of Health of the City, by a Medical Care Section in the Baltimore City Health Department in accordance with plans that shall be prepared by the Baltimore City Health Department and submitted to and approved by the State Board of Health; and for these purposes the Commissioner of Health of Baltimore City is hereby authorized to contract with physicians, dentists, hospitals, or other accredited agencies for the medical, surgical, hospital or other medical or nursing care of eligible persons; and also to appoint such personnel as may be necessary within the provisions of the Budget and in accordance with the provisions of the Baltimore City Charter.

**SECTION 2.** *And be it further enacted, That this Act shall take effect June 1, 1947.*

Approved, April 25, 1947.

## STATE LAW TRANSFERRING TUBERCULOSIS SANATORIA TO STATE BOARD OF HEALTH

### Chapter 533

An act to repeal Section 152 of Article 41, title "Governor-Executive and Administrative Departments," sub-title "State Department of Public Welfare," and Sections 281 to 286, both inclusive, of Article 43, title "Health," sub-title "Tuberculosis," of the Annotated Code of Maryland (1939 Ed.), and to add a new Section to said Article 43, to be known as Section 94A, to follow immediately after Section 94 of said Article, abolishing the "Maryland Tuberculosis Sanatorium," and transferring the powers and duties of said Corporation to the State Board of Health.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That Section 152 of Article 41, title "Governor-Executive and Administrative Departments," sub-title "State Department of Public Welfare," and Sections 281 to 286, both inclusive, of Article 43, title "Health," sub-title "Tuberculosis," of the Annotated Code of Maryland (1939 Ed.), be and the same are hereby repealed, and that a new Section be and it is hereby added to said Article 43, to be known as Section 94A, to follow immediately after Section 94 of said Article, and to read as follows:

94A. The body corporate, heretofore created under the title "Maryland Tuberculosis Sanatorium" is hereby abolished, and all property, real and personal of every kind, held or administered by it, is hereby transferred and conveyed unto the State of Maryland and all functions, powers and duties of said corporation are hereby transferred to the State Board of Health. The State Board of Health shall have control and supervision of all State tuberculosis sanatoria and shall have power to make such by-laws, rules and regulations not inconsistent with law as it may deem necessary for the public welfare and the best interests of said institutions. It shall have power to appoint, subject to the provisions of Article 64A, all necessary officers and employees for the proper conduct of said institutions.

SECTION 2. *And be it further enacted,* That any appropriations made to the Maryland Tuberculosis Sanatoria unexpended at the time this Act becomes effective shall be transferred to the State Board of Health and used for the purpose or purposes for which appropriated.

SECTION 3. *And be it further enacted,* That this Act shall take effect June 1, 1947.

Approved, April 16, 1947.



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